



Information Paper

**Sources of ABS data for
Aboriginal and Torres
Strait Islander People with
Disability**

Australia

2012-2016

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EXECUTIVE SUMMARY

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This information paper examines the different sources of data for Aboriginal and Torres Strait Islander people with disability collected by the Australian Bureau of Statistics (ABS). The paper outlines the suitability of recent collections to meeting various information needs and aims to give sufficient guidance to enable informed use of the available data.

This paper focuses on comparative analyses of ‘Severity of Disability’ and ‘Type of Disability’ data collected by the ABS in a 2012-2016 reference period, and includes the following collections:

- **2012-13 National Aboriginal and Torres Strait Islander Health Survey (2012-13 NATSIHS)** - Provides information on a range of key health indicators for the Aboriginal and Torres Strait Islander population. Disability information was collected using 12 questions from the Short Disability Module (SDM).
- **2014-15 National Aboriginal and Torres Strait Islander Social Survey (2014-15 NATSISS)** – Provides broad, self-reported information on a range of key areas of social interest for Aboriginal and Torres Strait Islander people. Disability information was collected using 13 questions from the SDM.
- **2015 Survey of Disability, Ageing and Carers (2015 SDAC)** – ABS’s largest and most comprehensive collection of disability information.
- **2016 Census of Population and Housing (2016 Census)**- Disability information is collected in the Census using a set of 4 disability questions that make up the ‘Need for Assistance’ Census topic.

COLLECTION AND INTERPRETATION OF DISABILITY DATA

Collecting disability data can pose particular challenges due to the complex nature of experiences that affect the physical, social and emotional well-being of individuals with disability, and their families. The subjective and variable nature of some disabilities may mean that responses are affected by factors such as a person’s energy level, pain or depression at the time of the survey. Responses may also be influenced by the episodic or seasonal nature of some conditions and the sensitivities around conditions such as mental illness/deterioration and the need for help with personal care activities.

Further to these considerations, there are additional challenges when collecting disability information for the Aboriginal and Torres Strait Islander population. These include different perceptions of disability, where the biomedical model and conceptualisation of disability may be culturally inappropriate¹, as well as some Aboriginal and Torres Strait Islander people choosing not to identify as having disability, for fear of experiencing further discrimination.

KEY FINDINGS

The table below demonstrates the following key findings:

- The 2012-13 NATSIHS and 2014-15 NATSISS collect significantly higher ‘Total with Disability’ prevalence rates when compared with the 2015 SDAC. This difference is largely driven by higher rates of ‘No specific limitation or restriction’
- There are no statistically significant differences between the 2012-13 NATSIHS, 2014-15 NATSISS and the 2015 SDAC for ‘Total core activity limitation’ or any disaggregated items within this subtotal.
- ‘Profound/Severe limitation’ data align closely between all household surveys and the 2016 Census.

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Disability severity by Survey, Aboriginal and Torres Strait Islander People aged 15 years and over, Non-remote (a)

	2015 SDAC	2012-13 NATSIHS	2014-15 NATSISS	2016 Census
	% ± MoE of %			
Total with disability	29.4 ± 3.0	45.6 ± 2.4 ^(b)	45.4 ± 2.6 ^(c)	na
Specific limitation or restriction	25.6 ± 3.2	30.1 ± 2.2 ^(b)	30.4 ± 2.3 ^(c)	na
Total core activity limitation	21.9 ± 3.2	22.7 ± 2.0	24.1 ± 1.9	na
Profound/Severe	7.2 ± 1.9	7.7 ± 1.3	7.8 ± 1.1	8.5 ^(d)
Profound	2.1 ± 0.9	2.6 ± 0.7	2.7 ± 0.7	na
Severe	5.3 ± 1.6	5.0 ± 1.0	5.1 ± 0.9	na
Moderate/Mild	14.0 ± 2.6	14.9 ± 1.4	16.4 ± 1.6	na
Moderate	4.8 ± 1.7	5.5 ± 0.8	6.8 ± 1.1	na
Mild	9.1 ± 2.1	9.5 ± 1.3	9.7 ± 1.2	na
Education/employment restriction only	4.4 ± 1.7	7.5 ± 1.3 ^(b)	6.2 ± 1.2	na
No specific limitation or restriction	3.5 ± 1.3	15.6 ± 1.7 ^(b)	14.9 ± 1.7 ^(c)	na

na Not Available

(a) Living in private households

(b) Difference between 2015 SDAC and 2012-13 NATSIHS data is statistically significant

(c) Difference between 2015 SDAC and 2014-15 NATSISS data is statistically significant

(d) Proportion based on total which includes 'not stated'

CONCLUSIONS

The SDAC provides a more comprehensive measure of disability when compared to the SDM.

- The SDM measure of disability includes people who report having a restrictive long-term health condition, who are defined in the SDAC as having a long-term health condition. This difference is largely driven by the 'no specific restriction or limitation' measure. Similar results can also be seen when comparing SDM and SDAC disability measures for the broader Australian population (see [4431.0.55.002 – ABS Sources of Disability Information, 2012-2016](#)).
- SDAC disability data for the Aboriginal and Torres Strait Islander population is limited due to the SDAC excluding very remote areas and discrete Aboriginal and Torres Strait Islander Communities from the survey sample. The SDAC also collects a smaller Aboriginal and Torres Strait Islander population sample, which limits disaggregation of disability measures for this population.
- Although the small number of questions in the SDM cannot replicate the comprehensive data collection of the SDAC, the population identified by the SDM provides an important indicator of vulnerable people within the Aboriginal and Torres Strait Islander population who feel restricted by long-term health conditions in their everyday activities.

The SDAC and the SDM (NATSIHS and NATSISS) provide closely aligned 'core activity limitation' measures.

- The SDM and SDAC use similar definitions for measuring 'core activity limitations'.
- SDAC data is again limited due to geographic exclusions and a small Aboriginal and Torres Strait Islander population sample which means higher levels of uncertainty as the data is disaggregated.

'Profound/severe limitation' data from all household surveys (SDAC, NATSIHS, NATSISS) and the 'need for assistance' Census measure are closely aligned.

- The combined 'profound/severe limitation' measure represents the population with the greatest disability and therefore the greatest need for assistance.
- Disaggregation of SDAC data as well as NATSIHS and NATSISS remote/very remote data for 'profound/severe limitation' is limited due to small samples and associated high levels of uncertainty.

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- The Census is the only collection able to provide disaggregated ‘profound/severe limitation’ data for Aboriginal and Torres Strait Islander people at small geographic levels. Users need to be cautious however as the ‘Need for Assistance’ topic only uses four questions to determine disability. The Census also has a large estimated net undercount of Aboriginal and Torres Strait Islander people and a significant item non-response to both the ‘Need for Assistance’ topic and the Standard Indigenous Question.

References

¹ Gilroy J, Donnelly M, Colmar S, Parmenter T (2016) Twelve factors that can influence the participation of Aboriginal people in disability services. *Australian Indigenous HealthBulletin* 16(1). Retrieved 12/12/2018 from <http://healthbulletin.org.au/articles/twelve-factors-that-can-influence-the-participation-of-aboriginal-people-in-disability>.

INTRODUCTION

INTRODUCTION

This information paper examines the different sources of data for Aboriginal and Torres Strait Islander people with disability collected by the Australian Bureau of Statistics (ABS), and outlines the suitability of recent collections to meeting various information needs. It specifically focuses on the measures of severity of disability and the type of disability.

The information paper undertakes analyses of the Aboriginal and Torres Strait Islander populations with disability identified by the surveys in the 2012-2016 reference period, focusing on the similarities and differences between them. It aims to give sufficient guidance to enable informed use of the available data.

Aboriginal and Torres Strait Islander people are nearly twice as likely to be living with disability as non-Indigenous Australians (ratio of 1.8)¹. The changing landscape in the provision of disability services, following the introduction of the National Disability Insurance Scheme ([NDIS ACT 2013](#)), and the recent release of the Department of Social Services '[Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability \(2017\)](#)', has led to an increasing demand for disability prevalence data for Aboriginal and Torres Strait Islander people.

Disability information for Aboriginal and Torres Strait Islander people can be obtained from several different data collections across the ABS, each with its own separate design and purpose. This paper provides information on all ABS sources of data for Aboriginal and Torres Strait Islander people with disability, including a comparative analysis of data sources collected between 2012 and 2016 and how to use ABS data to inform discussion in this space.

REFERENCES

¹ Australian Bureau of Statistics 2016, [Disability, Ageing and Carers, Australia: Summary of Findings, 2015](#), cat. no. 4430.0, ABS, Canberra.

OVERVIEW

OVERVIEW

ABS data collections provide key disability statistics that are used by both government and private agencies to identify and understand the needs of Australians with disability.

COLLECTING DISABILITY DATA

In Australia, the needs of people with disability were first recognised in legislation under the [Commonwealth Disability Discrimination Act 1992](#). Following the introduction of this legislation, there was an increase in demand from government and private agencies for statistical data on people with disability. This has continued as Australia faces an ageing population with an anticipated increase in the number of people with disability.

Changes to disability service provision following the national rollout of the National Disability Insurance Scheme (NDIS), has resulted in further demand for disability data and an increased need for specific measures of different population groups and geographic areas across Australia. The Aboriginal and Torres Strait Islander population is a key population group for which the ABS has experienced greater demand for disability data.

The ABS collects disability data from a range of collections:

- **The Survey of Disability, Ageing and Carers (SDAC)**

ABS's largest and most comprehensive collection of disability information. This survey has been conducted every 3 years since 1993.

- **The 'Short Disability Module' (SDM)**

A set of sixteen questions designed to measure the social, cultural and economic characteristics of persons with disability. The SDM has been included in many ABS social surveys since 2002.

- **The Census 'Need for Assistance' Topic**

A set of 4 disability questions that have been included in the three most recent Census collections (2006, 2011 and 2016).

COLLECTING DATA FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DISABILITY

The [National Aboriginal and Torres Strait Islander Survey: Detailed Findings \(1994 NATSIS\)](#) was the first nation-wide survey of Aboriginal and Torres Strait Islander people. It was developed as part of the Australian Government's response to the [Royal Commission into Aboriginal Deaths in Custody](#), in which the final recommendations included improving the collection and accessibility of statistical information available for the Aboriginal and Torres Strait Islander population¹. The 1994 NATSISS collected some information on disability as well as social, demographic, health and economic statistics.

The ABS has since developed two surveys designed specifically to collect data for the Aboriginal and Torres Strait Islander population:

- **The National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)**

Provides information on a range of key health indicators for the Aboriginal and Torres Strait Islander population, including; long-term health conditions, health risk factors, selected social and emotional wellbeing indicators and health measurements.

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- **The National Aboriginal and Torres Strait Islander Social Survey (NATSISS)**

Provides broad, self-reported information on a range of key areas of social interest for Aboriginal and Torres Strait Islander people. These areas include culture, cultural identity, social networks, housing, health, employment and education.

Collection of disability data in these surveys began with the inclusion of the SDM in the [2002 NATSISS](#) and the [2012 NATSIHS](#).

Disability data for the Aboriginal and Torres Strait Islander population has also been available from the [SDAC since 2009](#), when the [Standard Indigenous Question \(SIQ\)](#) was first included in the survey, and from the [Census of Population and Housing since 2006](#).

None of these collections are able to individually give a complete picture of disability for the Aboriginal and Torres Strait Islander population, as there are limitations with each.

This paper provides a comparative analysis of disability data collected for the Aboriginal and Torres Strait Islander population between 2012 and 2016 and includes the following collections:

2012-13 National Aboriginal and Torres Strait Islander Health Survey (2012-13 NATSIHS)

(Short Disability Module)

2014-15 National Aboriginal and Torres Strait Islander Social Survey (2014-15 NATSISS)

(Short Disability Module)

2015 Survey of Disability, Ageing and Carers (2015 SDAC)

2016 Census of Population and Housing (2016 Census)

(Need for Assistance Topic)

For the full list, and detailed description, of all ABS collections that provide disability measures for the Aboriginal and Torres Strait Islander population, see Appendix: ABS data collections for Aboriginal and Torres Strait Islander people with disability.

REFERENCES

¹ Indigenous Law Resources 29 April 1998, Reconciliation and Social Justice Library, '[Royal Commission into Aboriginal Deaths in Custody](#)', [Volume 5](#), Viewed 16 May 2018.

COLLECTION AND INTERPRETATION OF ABS DISABILITY DATA

COLLECTION AND INTERPRETATION OF ABS DISABILITY DATA

Collecting disability data poses particular challenges due to the complex nature of experiences that affect the physical, social and emotional well-being of individuals with disability, and their families. The subjective and variable nature of some disabilities may mean that responses are affected by factors such as:

- **A person's energy levels, optimism, pain or depression at the time of the survey.**
- **The episodic or seasonal nature of some conditions (e.g. epilepsy, asthma)** – this may result in respondents not reporting conditions as causing restrictions if they are not experiencing difficulties at the time of interview.
- **Adaptation to limitations** - restrictions or limitations may not be reported if the respondent has adapted so completely to their disability that they are no longer conscious of an inability to perform certain tasks.
- **Sensitivities around some conditions** - underreporting of disability may occur when there are sensitivities around conditions such as mental illness or mental deterioration, and the need for help with personal care activities.

The way in which the data is collected can also influence the data collected. For example:

- **Respondents answering on behalf of other people in a household** - while the person responding on behalf of the household might be more objective in assessing a household member's difficulty and need for help, they may not be aware of all the conditions the other person has or how these affect their daily living.
- **Different collection methodologies** –for example, the use of prompt cards (which show numerous conditions at once as opposed to asking about conditions individually) reduce the number and repetition of questions. They can also lead to responses that differ from a methodology that asks separate, detailed questions about each condition. This is important to understand when comparing disability measures collected using the SDAC, and disability measures collected using the SDM or the Census 'Need for Assistance' questions. Questions collected by interviewers (as is the case in the SDAC and SDM) may elicit different responses to those in a 'self-complete' form, such as the Census. An explanation of this can be found at <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2901.0Chapter51852016>.

In addition to the considerations outlined above, there are additional challenges when collecting disability information for the Aboriginal and Torres Strait Islander population:

- **Perceptions of disability** - for many Aboriginal and Torres Strait Islander people, the biomedical model and conceptualisation of disability may be culturally inappropriate¹. The concept of disability may not translate in Aboriginal language and cultures², and these conceptual differences might affect responses to questions concerning disability.
- **Intersectional Inequality** - some Aboriginal and Torres Strait Islander people may choose not to identify as having disability for fear of experiencing further discrimination. 'Intersectional Inequality', where inequality is compounded for people who are members of two or more marginalised groups², can affect Aboriginal and Torres Strait Islander people with disability, particularly those with more profound or severe disability².

COLLECTION AND INTERPRETATION OF ABS DISABILITY DATA

MEASURING THE ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION

Australia's Aboriginal and Torres Strait Islander population is statistically measured across all ABS data collections, through self-identification. This means that the Aboriginal and Torres Strait Islander population is defined by individuals who identify as being Aboriginal and/or Torres Strait Islander, based on their own knowledge of their biological ancestry, and who choose to disclose that information³. There are many reasons why an individual may or may not identify as being Aboriginal and/or Torres Strait Islander, and these reasons can vary over time and across different data collections.

Self-identifying populations pose a statistical challenge, as changes to population estimates over time may be partly a result of changes in identification, outside of demographic causes such as births and deaths. The ABS consistently uses the Standard Indigenous Question (SIQ) as a basis across all data collections in order to minimise the statistical impact that self-identification can have on population estimates⁴.

COLLECTING DISABILITY DATA: BEST PRACTICE

The complex nature of the collection and interpretation of disability data can increase the variability of disability estimates obtained from ABS surveys. Every effort is made to minimise this effect in ABS collections through:

- **Questionnaire design** - questionnaires are designed and carefully tested to achieve objective and repeatable responses wherever possible.
- **Avoiding terms that are emotive or prone to wide interpretation** – terms such as 'disability' are not directly used in questionnaires. Disability measures are derived from a series of questions that avoid emotive terms and judgements, and instead focus on what a person can or cannot do.

In the development and collection of the NATSISS and NATSIHS, the ABS has included special measures designed to improve the cultural appropriateness and relevance of these surveys to the Aboriginal and Torres Strait Islander population. These measures include:

- **Cultural awareness training** - all ABS Interviewers are required to undergo cultural awareness training.
- **Questionnaire testing** – the NATSISS and NATSIHS questionnaires are tested and developed to ensure respondents have an understanding of, and are engaged with, the surveys.
- **Special measures for engagement in remote areas**– special measures are taken when conducting surveys in remote areas, and in Aboriginal and Torres Strait Islander Communities. These include:
 - Contacting communities and health clinics by phone and through a Community Approach Letter in advance of any survey.
 - Modifying how surveys are conducted to account for language and cultural differences.
 - Interviewers in remote areas work in teams of two, one male and one female, to collect survey information.
 - Interviewers are accompanied, wherever possible, by local facilitators (usually one male and one female).
 - Local facilitators introduce interviewers to the community, assist in the conduct and completion of interviews, help to explain the purpose of the survey and assist respondents in understanding questions where needed.

In addition to this, the ABS has established a network of [Aboriginal and Torres Strait Islander Engagement Managers](#) across ABS State and Territory offices. The role of Engagement Managers is to:

- Foster collaborative partnerships with Aboriginal and Torres Strait Islander communities;

COLLECTION AND INTERPRETATION OF ABS DISABILITY DATA

- Increase understanding and participation in ABS collections;
- Facilitate the return of information to communities; and
- Improve the quality and relevance of Aboriginal and Torres Strait Islander statistics to better meet the needs of Aboriginal and Torres Strait Islander communities and meet the policy needs of government.

The ABS has also implemented a [Reconciliation Action Plan](#) that provides a framework for the whole Agency to build and improve connections, cultural understanding and increase the participation of Aboriginal and Torres Strait Islander people in the ABS through employment and greater statistical literacy.

REFERENCES

- ¹ Gilroy J, Donnelly M, Colmar S, Parmenter T (2016) Twelve factors that can influence the participation of Aboriginal people in disability services. *Australian Indigenous Health Bulletin* 16(1). Retrieved 12/12/2018 from <http://healthbulletin.org.au/articles/twelve-factors-that-can-influence-the-participation-of-aboriginal-people-in-disability>.
- ² Avery, S. (2018). *Culture is Inclusion: A narrative of Aboriginal and Torres Strait Islander people with disability*. First Peoples Disability Network (Australia). Sydney, Australia.
- ³ Australian Bureau of Statistics 2013, *Information Paper: Perspectives on Aboriginal and Torres Strait Islander Identification in Selected Data Collection Contexts, 2012*, cat. no. 4726.0, ABS, Canberra.
- ⁴ Petry, B, and Potts, E (2014) 'Measuring indigenous populations across nations: Challenges for methodological alignment'. *Statistical Journal of the IAOS*. V30, pp. 55-63.

ABS SOURCES OF DISABILITY DATA FOR THE ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION

ABS SOURCES OF DISABILITY DATA FOR THE ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION

SURVEY OF DISABILITY, AGEING AND CARERS (SDAC)

The most detailed and comprehensive source of disability data in Australia is the [Survey of Disability, Ageing and Carers \(SDAC\)](#). One of the main purposes of the SDAC is to collect extensive national and state level data on disability, and to provide accurate prevalence rates of disability for the total Australian population.

The SDAC has been developed to align with international measures of disability as described in the [International Classification of Functioning, Disability and Health \(ICF\)](#). It contains 168 screening questions to identify people with disability, and provides a wealth of detail on:

- underlying conditions;
- severity of restriction;
- participation in education, employment and community services; and
- the need for, and receipt of, assistance (extended to cover older people without a disability).

The survey also identifies carers, the nature of their role, their access to support and the impact of the caring role on their lives. One of the advantages of the survey is its coverage of non-private dwellings, including a separate component to collect information from health establishments.

Disability data for the Aboriginal and Torres Strait Islander population

Disability data for the Aboriginal and Torres Strait Islander population is available from the SDAC since 2009, when the Standard Indigenous Question (SIQ) was first included in the survey. The SIQ was also included in the 2012 and 2015 SDAC, and will again be collected in the 2018 SDAC.

Limitations of the SDAC

The SDAC was not developed and tested to collect data for the Aboriginal and Torres Strait Islander population specifically; as such there are limitations in the collection of disability data for this population:

- **Limited geographic coverage and small population data** - Although the SDAC provides the best quality disability information from an Australian household survey, as a sample survey it cannot provide reliable data at the small geographic level or for small populations of interest. This is particularly the case for the Aboriginal and Torres Strait population as the SDAC sample for this population is small and does not include respondents living in very remote Australia, or those from discrete Aboriginal and Torres Strait Islander Communities.
- **The sample is not benchmarked to the Aboriginal and Torres Strait Islander population** - Population weights in the SDAC are not separately calibrated (or benchmarked) to the Aboriginal and Torres Strait Islander estimated resident population (ERP). This means that when the SDAC sample is weighted to the total population, no compensation is made to correct any sampling bias that may occur in the Aboriginal and Torres Strait Islander population estimates. For information on the survey design, sampling and weighting of the SDAC, see the [2015 SDAC - Explanatory Notes](#).
- **Respondent burden** – the large number of questions needed to assess levels of disability severity means there is limited time to ask respondents additional questions on various social and economic characteristics.

ABS SOURCES OF DISABILITY DATA FOR THE ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION

SDAC 'Disability Status' outputs

The SDAC provides disability data by severity (see table below).

'Disability Status' outputs available from the SDAC

1	Disability				
	11	Specific limitation or restriction			
		111	Core activity limitation		
			1111	Profound core activity limitation	
			1112	Severe core activity limitation	
			1113	Moderate core activity limitation	
			1114	Mild core activity limitation	
		112	Education/employment restriction only		
	12	No specific limitation or restriction			
2	Long-term health condition without disability				
3	No disability or long-term health condition				

For a full list of the screening questions used in the SDAC to identify people with disability see Appendix: Disability screening questions from the Survey of Disability, Ageing and Carers.

SHORT DISABILITY MODULE (SDM) – THE NATSIHS AND NATSISS

A short set of disability questions was developed for use in social surveys in the early 1990s, and various forms of these questions have been used since 1992. The standard Short Disability Module (SDM), as it has come to be known, was first used in the 2002 General Social Survey (GSS). This module was revised ten years later, with the current version of the SDM appearing for the first time in the 2012 Australian Health Survey (AHS).

The questions used in the SDM are compatible with the [Activities and Participation](#) component of the [International Classification of Functioning](#) and are based directly on questions used in the SDAC. The criteria used in the SDM for identifying people with disability, and determining their severity of restriction, are closely aligned with the SDAC. However, unlike the SDAC where respondents are asked about each limitation or restriction separately, the SDM uses a condensed set of 16 broad questions that give a range of response options in the form of prompt cards.

Disability data for the Aboriginal and Torres Strait Islander population

The SDM, in the NATSIHS and NATSISS, provides an estimate of Aboriginal and Torres Strait Islander people who report experiencing a restriction in their everyday activities. By identifying this population, it is possible to analyse the health, social and economic characteristics of this group, and compare these characteristics to those without restriction, both within the survey collection and across time.

Inclusion of the SDM within the NATSIHS and NATSISS has developed over time:

- **2002 NATSISS** – the SDM was included with a modified measure of disability for people in remote areas.
- **2008 NATSISS** – the SDM was again modified for remote areas, and had fewer questions which limited the outputs for disability severity to a combined profound/severe measure only.
- **2012-13 NATSIHS** – a revised version of the SDM was included, but was again modified for collection in remote areas.

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- 2014-15 NATSISS – the standard SDM was collected in both non-remote and remote areas, with no modifications outside of minor wording changes in remote areas to aid comprehension.

These surveys differ from the SDAC as their samples and weights are designed to generate results representative of the Aboriginal and Torres Strait Islander population. Very remote areas of Australia and discrete Aboriginal and Torres Strait Islander communities are included within the scope of these collections.

For a detailed look at the disability measures available from all NATSIHS and NATSISS collections, see Appendix: The Short Disability Module in ABS National Aboriginal and Torres Strait Islander household surveys.

SDM 'Disability Status' outputs

The standard SDM allows for the following severity of disability measures to be output (see table below). These measures are intended to be broadly comparable to those collected in the SDAC.

'Disability Status' outputs available from the Short Disability Module

1	Disability				
	11	Specific limitation or restriction			
		111	Core activity limitation		
			1111	Has profound core activity limitation	
			1112	Has severe core activity limitation	
			1113	Has moderate core activity limitation	
			1114	Has mild core activity limitation (a)	
		112	Has education/employment restriction only		
	12	Has no specific limitation or restriction (b)			
2	Has no disability, but has a non-restrictive long-term health condition (c)				
3	Has no disability or long-term health condition				

- Not available for 2012-13 NATSIHS remote areas
- 2012-13 NATSIHS remote data may include persons who have 'mild core activity limitation'
- Only available in the 2014-15 NATSISS

For a full list of the SDM questions and prompt cards used in the 2012-13 NATSIHS and 2014-15 NATSISS, and how responses to these questions are used to classify people's severity of disability, see Appendix: Short Disability Module Questions: 2012-13 NATSIHS and 2014-15 NATSISS.

Limitations of the SDM

The SDM was designed to be included in household surveys in order to provide insights into aspects of life that the SDAC does not examine, however users need to be aware of the limitations of the SDM. Capturing the full complexity of disability and accurately assessing the full range of disability severity using only a small number of questions is very difficult. The SDM has been designed to collect disability measures that align with the SDAC, however, users need to be aware that the SDM cannot provide the same accuracy as the SDAC, due to the limited number of questions.

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CENSUS OF POPULATION AND HOUSING

[The Census of Population and Housing](#) is Australia's largest statistical collection. The collection provides an estimate of Australia's population, which is used to set electoral boundaries for all levels of government, underpins the distribution of significant public funding and informs planning for services and infrastructure across every community in Australia. The Census is the only ABS collection that can provide data for the entire country, including small geographic areas and small population groups.

The complexity of disability service provision means that there is always a high level of demand for small area disability data. In response, the ABS developed a measure of disability for use in the 2006 Census of Population and Housing. The Census 'Need for Assistance' disability measure is based on 4 questions and has been designed to be both conceptually comparable to the SDAC, and practical for use in a national Census. The Census questions are based on the SDAC measure of combined 'profound or severe core activity limitation', the population for whom service delivery has the most consequence.

Disability data for the Aboriginal and Torres Strait Islander population

The 'Need for Assistance' questions and the SIQ were included in the 2006, 2011 and 2016 Census collections. Disability measures for Aboriginal and Torres Strait Islander people with profound/severe core activity limitation are available from these three Census years.

Census 'Need for Assistance' outputs

The first three disability questions asked in the Census identify people who have need for assistance with one or more core activity areas (self-care, communication or mobility). The fourth question identifies the reasons as to why this assistance was necessary; as a result of disability, a long-term health condition or the effects of old age. The table below shows the disability measures available from the Census 'Need for Assistance' module.

'Need for Assistance' outputs available from the Census of Population and Housing

1	Has need for assistance with core activities (a)
2	Does not have need for assistance with core activities
&	Not Stated
V	Overseas Visitor

a. The 'Has need for assistance with core activities' measure is conceptually equivalent to the combined 'profound/severe core activity limitation' measure available in the SDAC and SDM.

For more information on the 'Need for Assistance' questions, and how responses are used to determine whether a person has a need for assistance, see Appendix: Census Core Activity Need for Assistance Topic. Detailed information on the 'Need for Assistance' measure is available in the information paper [Disability Variables, 2006 \(cat. no. 1200.0.55.001\)](#).

Limitations of the Census 'Need for Assistance' measure

- **Limited number of questions** – The Census 'Need for Assistance' topic uses only 4 questions to collect a reduced range of disability measures (compared to the SDAC and SDM). This reduced question set means

ABS SOURCES OF DISABILITY DATA FOR THE ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION

there are fewer opportunities for people to be correctly identified and categorised into the appropriate disability severity measure and may result in smaller than expected prevalence rates.

- **Combined profound/severe core activity limitation measure only** – The Census ‘Need for Assistance’ questions specifically targets those with a need for assistance in one or more of the core activity areas of self-care, communication and/or mobility. Output from the Census is limited to those with a combined ‘profound/severe core activity limitation’. This is considered to be a conceptually comparable measure to the SDAC and SDM.
- **Estimated net Undercount** - The 2016 Census had an estimated net undercount of 138,000 people in the Aboriginal and Torres Strait Islander population, which represents 17.5% of the estimated total Aboriginal and Torres Strait Islander population. This undercount means that ‘Need for Assistance’ data for the Aboriginal and Torres Strait Islander population should be considered carefully, as this data may not provide a complete picture of profound/severe disability for this population. For more information see the Explanatory Notes in [3238.0.55.001 – Estimates of Aboriginal and Torres Strait Islander Australians, June 2016](#).
- **Item Non-Response** - It is important to note that a response of ‘not stated’ can be recorded in the Census for both the SIQ and the ‘Need for Assistance’ questions and may result in a non-response bias in disability data for the Aboriginal and Torres Strait Islander population. In the 2016 Census, the SIQ and ‘Need for Assistance’ questions had a recorded ‘not stated’ response of 6.0% and 7.1% respectively. For more information on Item non-response in the 2016 Census see [2900.0 - Census of Population and Housing: Understanding the Census and Census Data, Australia , 2016](#).

COMPARING DISABILITY DATA ACROSS COLLECTIONS

COMPARING DISABILITY DATA ACROSS COLLECTIONS

The following discussion will examine some important methodological issues that affect comparisons between ABS collections of Aboriginal and Torres Strait Islander disability data.

COMPARING DISABILITY DATA ACROSS DIFFERENT COLLECTION YEARS

Analysis of disability rates for the total Australian population (from 1993 to 2015), demonstrates that changes in disability prevalence over time is generally very slow (analysis available in [4431.0.55.002 – ABS Sources of Disability Information Paper 2012-2016](#)). While there are currently not enough years of data available to demonstrate this trend for disability prevalence in the Aboriginal and Torres Strait Islander population, data from the three most recent SDAC collections suggests that changes in disability prevalence rates for this population are also gradual (see table below).

Disability prevalence rates for the Aboriginal and Torres Strait Islander population – SDAC 2009, 2012, 2015 (a)

Severity of Disability	2009	2012	2015
	% ± MoE of %		
Profound core activity limitation	n/a	3.5 ± 0.9	2.8 ± 0.9
Severe core activity limitation	n/a	4.2 ± 1.2	4.3 ± 1.0
Total Profound/Severe core activity limitation	8.2 ± 1.7	7.8 ± 1.2	7.3 ± 1.4
Moderate core activity limitation	n/a	2.9 ± 0.9	3.5 ± 1.1
Mild core activity limitation	n/a	7.2 ± 1.5	7.3 ± 1.5
Total moderate/mild core activity limitation	7.0 ± 1.9	10.2 ± 1.5	10.9 ± 1.8
Education/Employment restriction	2.8 ± 0.8	3.2 ± 1.2	3.2 ± 1.1
No specific limitation or restriction	3.1 ± 1.1	2.3 ± 0.8	3.0 ± 0.9
Total with Disability	21.1 ± 2.6	23.4 ± 2.0	23.9 ± 2.2

n/a Not Available

(a) All persons. Excludes very remote areas and discrete Aboriginal and Torres Strait Islander communities.

Because of the relative stability of disability prevalence in the population over time, it is possible to compare disability data collected in the SDAC, the Census and the SDM within the 2012-16 reference period, without having to account for large changes in disability prevalence between collections.

COMPARING SURVEY DESIGNS

The way a survey is conducted can affect the number of people identified as having disability. Importantly, responses to a survey can be affected by whether questions are asked in person by an interviewer, or if respondents answer questions for themselves, or others, in an on-line or paper questionnaire.

- **2015 SDAC** - Personal interviews are conducted with every member of a household who has been identified as having long term health condition(s) that restricted their living in some way.
- **2012-13 NATSIHS and 2014-15 NATSISS** - Respondents are selected for interview following a screening process to identify Aboriginal and Torres Strait islander households (where one or more household members identify as being of Aboriginal or Torres Strait Islander origin). Up to 2 adults and 2 children in non-remote areas, and 1 adult and 1 child in remote areas are selected for face-to-face interviews.
- **Census of Population and Housing** – Responses are collected via a self-completed online or paper questionnaire. This is generally completed by one person on behalf of the entire household.

COMPARING DISABILITY DATA ACROSS COLLECTIONS

COMPARING SAMPLE DESIGNS

The SDAC, NATSIHS and NATSISS are all sample surveys that are weighted to represent larger populations. It's important to understand that, even in surveys where the target population is the same, sampling variability will occur as each collection draws on a different selection of respondents. Important sampling differences to consider include:

- **Sample size** - A survey with a large sample size will generally produce estimates with less variability than those with a small sample size. As small population samples are disaggregated further, the variability and errors associated with the data increase proportionately. This is particularly relevant for the SDAC measures of disability for the Aboriginal and Torres Strait Islander population. The sample design for the SDAC does not sample for this population specifically, and is likely to have a small number of Aboriginal and Torres Strait Islander respondents. For a detailed discussion on small samples and associated errors, see Appendix: Impacts of sample size on estimate variability.
- **Survey scope and geographic coverage**
 - **The SDAC** covers urban and rural areas in all states and territories and includes people living in private dwellings, self-care retirement villages and establishments providing long-term care accommodation. The SDAC sample does not include respondents from discrete Aboriginal and Torres Strait Islander communities or very remote areas. It is estimated that around 2% of the non-remote Aboriginal and Torres Strait Islander population was excluded from the 2015 SDAC sample due to the exclusion of discrete Aboriginal and Torres Strait Islander communities in non-remote areas. Another 12% were excluded due to the omission of very remote areas of Australia from the sample for this survey.
 - **The 2012-13 NATSIHS and 2014-15 NATSISS** produce reliable estimates for the Aboriginal and Torres Strait Islander population at the national level, for each state and territory and all remoteness areas (including community samples of discrete Aboriginal and Torres Strait Islander communities). These surveys collect information from respondents in private dwellings only and do not include any establishments.

Additionally, when comparing Aboriginal and Torres Strait Islander disability data specifically, it is important to consider the impact that differences in the propensity to identify can have on samples across time and survey collections. For further information on sample survey methodology see '[Understanding Statistics](#)' on the ABS website.

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The aim of this investigation is to identify differences in disability prevalence measures across each collection in order to understand who is being identified as having disability, and the implications this has on how data from each collection should be used.

The focus of this analysis will be on comparisons between severity of disability measures collected in the 2015 SDAC and measures derived from the Short Disability Module (SDM) (included in the 2012-13 NATSIHS and 2014-15 NATSISS). 'Need for Assistance' data, collected in the 2016 Census, will be included in the profound/severe discussions as this collection only provides data about this composite group. A comparison will also be made of Disability Group measures from the 2015 SDAC, 2012-13 NATSIHS and 2014-15 NATSISS.

In order to present the most comparable statistics from each collection, the following specifications have been set:

- Non-private dwellings have been excluded from all analyses.
- All data is limited to persons aged 15 years and over (the 15 years and over age range is common to all of the collections).
- Analyses have been presented separately for non-remote and remote/very remote areas, to allow for differences in the geographic scope of each survey.
- Most analyses have been presented by ten year age groups, as disability is strongly related to age.

For the purpose of this analysis, the term 'Short Disability Module' (SDM) is used as a cover phrase for both the 2012-13 NATSIHS and the 2014-15 NATSISS, even though there are some differences between the modules. Where these differences have an effect on the data, the differences are noted.

SEVERITY OF DISABILITY (NON-REMOTE)

The table below presents prevalence measures for severity of disability for the Aboriginal and Torres Strait Islander population. These measures, limited to non-remote data only, are from the following collections:

- 2015 Survey of Disability, Ageing and Carers (2015 SDAC)
- 2012-13 National Aboriginal and Torres Strait Islander Health Survey (2012-13 NATSIHS)
- 2014-15 National Aboriginal and Torres Strait Islander Social Survey (2014-15 NATSISS)
- 2016 Census

Disability Severity by Survey, Aboriginal and Torres Strait Islander People aged 15 years and over, Non-remote (a)

	2015 SDAC	2012-13 NATSIHS	2014-15 NATSISS	2016 Census
	% ± MoE of %			
Total with disability	29.4 ± 3.0	45.6 ± 2.4 ^(b)	45.4 ± 2.6 ^(c)	na
Specific limitation or restriction	25.6 ± 3.2	30.1 ± 2.2 ^(b)	30.4 ± 2.3 ^(c)	na
Total core activity limitation	21.9 ± 3.2	22.7 ± 2.0	24.1 ± 1.9	na
Profound/Severe	7.2 ± 1.9	7.7 ± 1.3	7.8 ± 1.1	8.5 ^(d)
Profound	2.1 ± 0.9	2.6 ± 0.7	2.7 ± 0.7	n/a
Severe	5.3 ± 1.6	5.0 ± 1.0	5.1 ± 0.9	n/a
Moderate/Mild	14.0 ± 2.6	14.9 ± 1.4	16.4 ± 1.6	n/a
Moderate	4.8 ± 1.7	5.5 ± 0.8	6.8 ± 1.1	n/a
Mild	9.1 ± 2.1	9.5 ± 1.3	9.7 ± 1.2	n/a
Education/employment restriction	4.4 ± 1.7	7.5 ± 1.3 ^(b)	6.2 ± 1.2	n/a

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only				
No specific limitation or restriction	3.5 ± 1.3	15.6 ± 1.7 ^(b)	14.9 ± 1.7 ^(c)	n/a

n/a Not Available

(a) Living in private households

(b) Difference between 2015 SDAC and 2012-13 NATSIHS data is statistically significant

(c) Difference between 2015 SDAC and 2014-15 NATSISS data is statistically significant

(d) Proportion based on total which includes 'not stated'

Examination of the table indicates that:

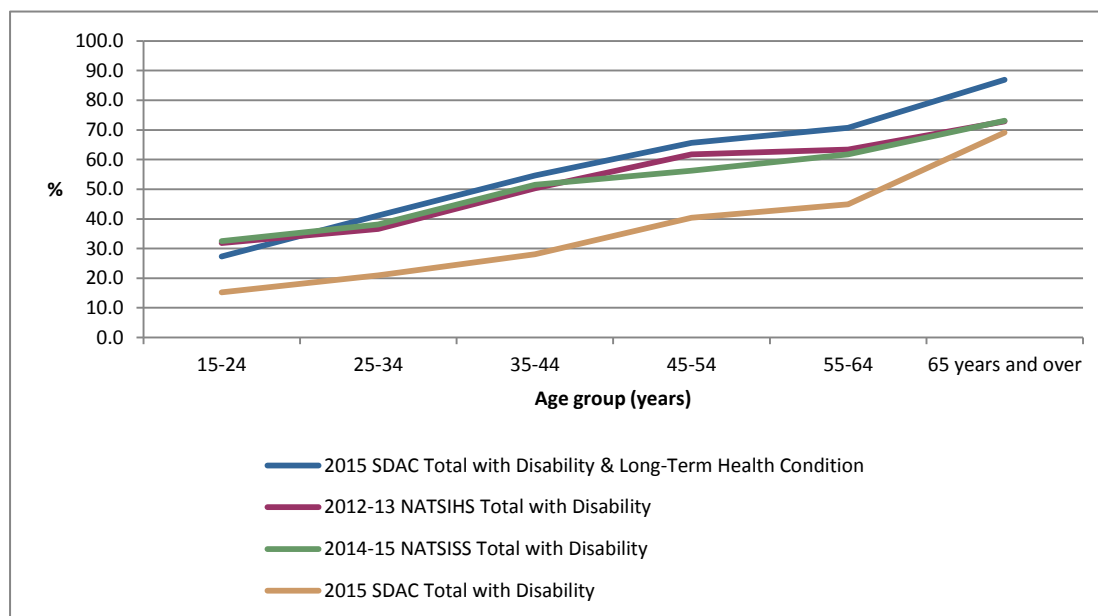
- Surveys using the SDM show significantly higher 'Total with Disability' prevalence rates than the SDAC.
- The difference in 'Total with Disability' rates is largely driven by higher rates of 'no specific limitation or restriction' data in the SDM, compared to the SDAC.
- Rates for 'Specific limitation or restriction' are significantly higher for the SDM compared to the SDAC. This appears to be driven by higher rates of 'Education/Employment restriction only' in the SDM compared with the SDAC.
- There is no statistically significant difference in the data between the SDM and SDAC for 'Total Core activity limitations' or any of the disaggregated items within this subtotal.

To understand these observations, it is useful to separately examine each of the disability severity measures.

TOTAL WITH DISABILITY (NON-REMOTE)

Prevalence rates for 'Total with Disability' by age group are shown in the graph below. In order to assist discussion of the differences in total disability prevalence rates across the survey collections, the combined measure of persons who have 'Disability or non-limiting long-term health condition' from the 2015 SDAC (49.4% ± 1.5%) has been included.

Prevalence of 'total with disability' by Age group for selected surveys, Non-remote (a)



(a) Aboriginal and Torres Strait Islander people aged 15 years and over, living in private households

Examination of the graph indicates that:

- The 2012-13 NATSIHS and 2014-15 NATSISS SDM measures of 'total with disability' are significantly higher across almost all age groups, compared with the 2015 SDAC measure of 'total with disability'.

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- *Differences between rates across all age groups are statistically significant except for those aged 65 years and over.*
- The 2012-13 NATSIHS and 2014-15 NATSISS SDM measures of 'total with disability' are closely aligned to the 2015 SDAC combined measure of 'disability or long-term health condition'.
 - *There are no statistically significant differences across all age groups except for those aged 65 years and over.*
- The close alignment of 2012-13 NATSIHS and 2014-15 NATSISS 'total with disability' measures to the 2015 SDAC combined measure of 'disability or long-term health condition' indicates that the SDM 'total with Disability' measure includes respondents with long-term health condition(s) that are not defined in the SDAC as restricting respondents in their everyday activities.

Discussion

Analysis of the above graph shows that there is a difference between how long-term health conditions are defined as restrictive or non-restrictive in the SDAC compared with the SDM. The SDAC uses a large number of screening questions designed to collect a precise measure of disability, differentiating between those who have long-term health conditions only, and those whose long-term health conditions limit their activities (i.e. have disability).

The SDM uses a much smaller number of questions to define disability and as such, the filters used to differentiate between those with a restrictive long-term health condition and those with a non-restrictive long-term health condition operate differently to the SDAC.

The differences between how restrictive long-term health conditions are defined in the SDAC compared with the SDM, demonstrates why the 'total with disability' measures from the NATSIHS and NATSISS should not be used as a proxy for monitoring disability prevalence between SDAC collections. The additional detail collected in the SDAC allows for the most robust measure of disability prevalence across all population groups.

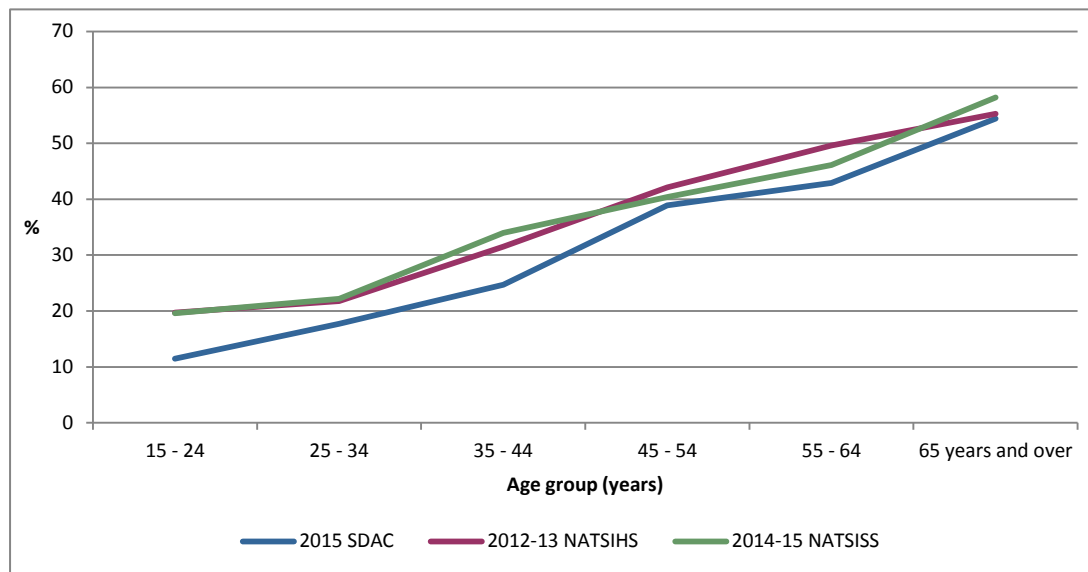
Caution

It is important to note that long-term health conditions data in the SDAC, and data derived from the SDM, should not be used as a proxy measure of long-term health conditions in the Aboriginal and Torres Strait Islander population. Accurate, detailed information on long-term health conditions in this population can be obtained from the National Aboriginal and Torres Strait Islander Health Survey using long-term health conditions data items.

ANALYSIS

SPECIFIC LIMITATION OR RESTRICTION (NON-REMOTE)

Prevalence of 'specific limitation or restriction' by Age group for selected surveys, Non-remote (a)



(a) Aboriginal and Torres Strait Islander people aged 15 years and over, living in private households

Examination of the graph indicates that:

- Measures of 'specific limitation or restriction' from the SDAC and the SDM are in reasonable agreement.
 - *There are no statistically significant differences between age groups except for the 15-24 year age group, which are statistically significantly higher for the NATSIHS and NATSISS compared with the SDAC.*
- Significant differences for the 15-24 year age group between the SDAC and SDM, appear to be driven by differences in the 'schooling or employment restriction' category for this age group (see the 'schooling or employment restriction' analysis for further discussion).

Discussion

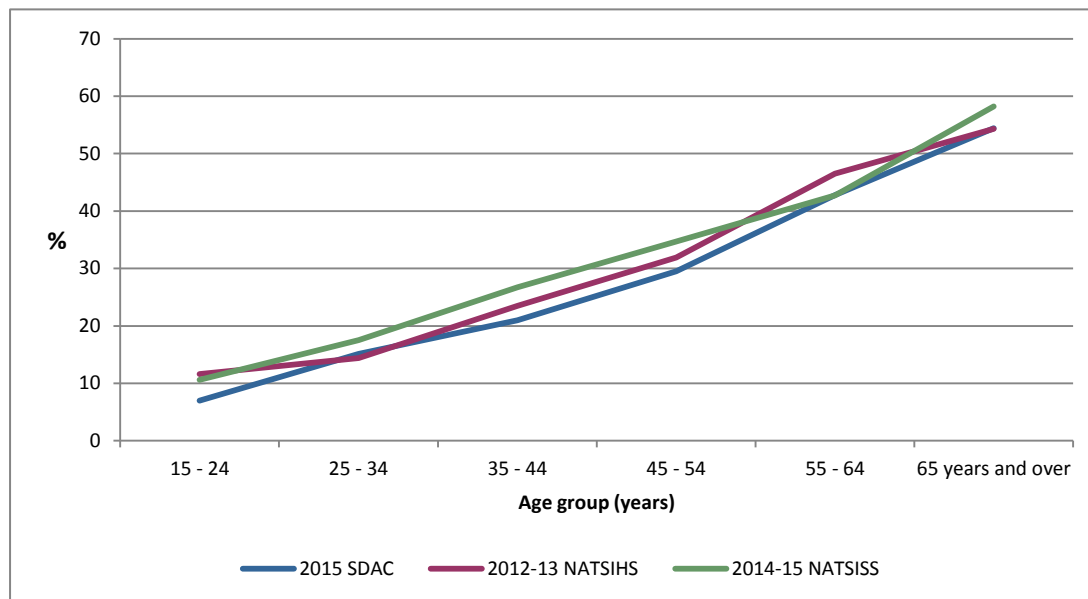
In the SDAC, the sequence of survey questions first determines whether there are people in a household who have conditions which have lasted or are likely to last for at least 6 months. These people are then personally interviewed to determine whether their conditions cause them restrictions in their everyday lives. If they are found to have restricting conditions, they are identified as having disability. They are then asked to identify the level of restriction caused by this disability. If they are found to have a core activity restriction or limitation (i.e. a limitation in their ability to look after themselves, move around freely and communicate with others) or if they are found to have a restriction that affects their schooling or employment capability, they are said to have a 'specific restriction'. All other people with disabilities who do not have a specific restriction are said to have 'no specific restriction or limitation'.

A similar process is followed with the SDM, resulting in similar outcomes across the collections.

ANALYSIS

CORE ACTIVITY LIMITATIONS (NON-REMOTE)

Prevalence of 'core activity limitation' by Age group for selected surveys, Non-remote (a)



(a) Aboriginal and Torres Strait Islander people aged 15 years and over, living in private households

Examination of the graph indicates that:

- Measures for 'core activity limitation' correspond well between the SDAC and the SDM, and there are no statistically significant differences between survey collections.

Discussion

The 'core activity limitation' category includes all people defined as having profound, severe, moderate or mild disability. The different disability severity levels indicate the level of limitation a person is experiencing in one of the core areas of self-care, mobility or communication.

In the SDAC the disability severity levels that make up the total 'core activity limitation' measures are defined as:

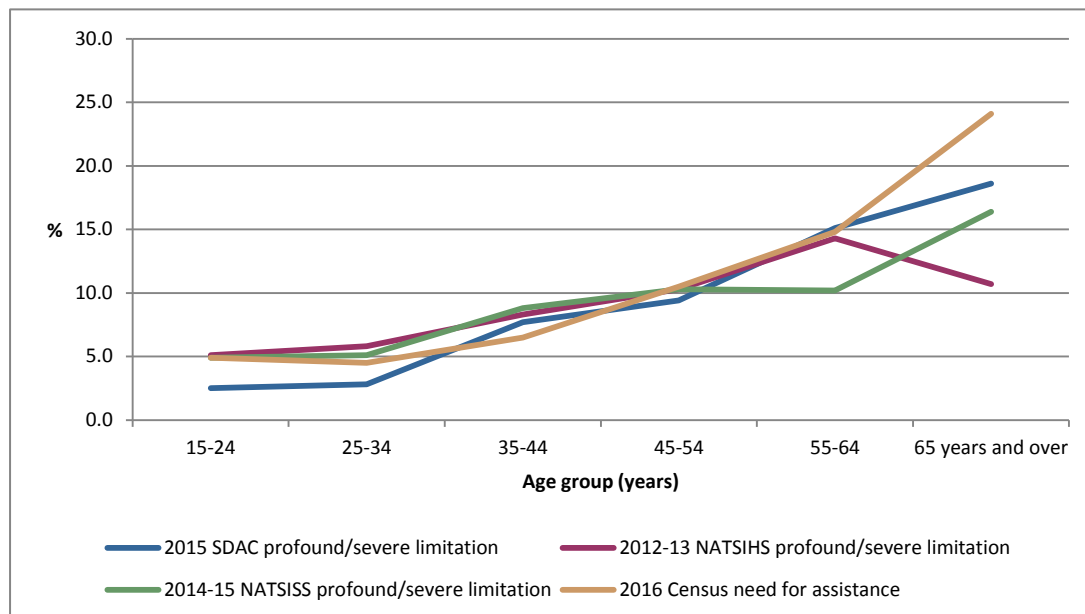
- **'Profound'** - means a person always needs help with core activities;
- **'Severe'** - means a person sometimes needs help with core activities;
- **'Moderate'** – means a person may have difficulties in at least one core activity, but needs no help in performing the activity; and
- **'Mild'** – means the person needs no help and has no difficulty with core activities, but they use aids and/or can't easily do certain tasks such as:
 - walking 200 metres;
 - negotiating stairs;
 - bending to pick up objects; or
 - using public transport.

The SDM uses similar definitions to the SDAC for measuring core-activity limitations. Note that in the 2012-13 NATSIHS, questions related to 'mild core-activity limitations' were only asked in non-remote areas.

ANALYSIS

PROFOUND/SEVERE CORE ACTIVITY LIMITATION (NON-REMOTE)

Prevalence of Profound/severe core activity limitation by Age group for selected surveys, Non-remote (a)



(a) Aboriginal and Torres Strait Islander people aged 15 years and over, living in private households

Examination of the graph indicates that:

- Measures of 'profound/severe core activity limitation' are reasonably consistent between collections across all age groups until 55 years and over, when the data becomes more varied.
- The sample for the 2015 SDAC is much smaller than other collections in this graph. As a result the associated levels of uncertainty for the 2015 SDAC measures are very high. This means that, although there appears to be some difference between 2015 SDAC measures and other collections, there are no statistically significant differences across all age groups when comparing this survey.
 - *The 55-64 year age group for NATSISS and the 65+ age groups for both NATSISS and NATSIHS are statistically significantly lower than the relative Census measures.*

Discussion

The combination of profound and severe core activity limitations is a measure commonly used because it represents the population with the greatest disability and therefore the greatest need for assistance with core activities. The measure of profound/severe is conceptually comparable between the SDAC, the SDM and the 2016 Census 'Has need for assistance with core activities'.

Both the SDAC and the SDM collect data on the full range of disability severity (profound, severe, moderate and mild). The Census, however, uses only four questions that specifically target those with a need for assistance in one or more core activity areas. The small number of questions in the Census means there are fewer opportunities for people to be identified and correctly categorised into severity of limitation groups. This may result in smaller than expected populations.

ANALYSIS

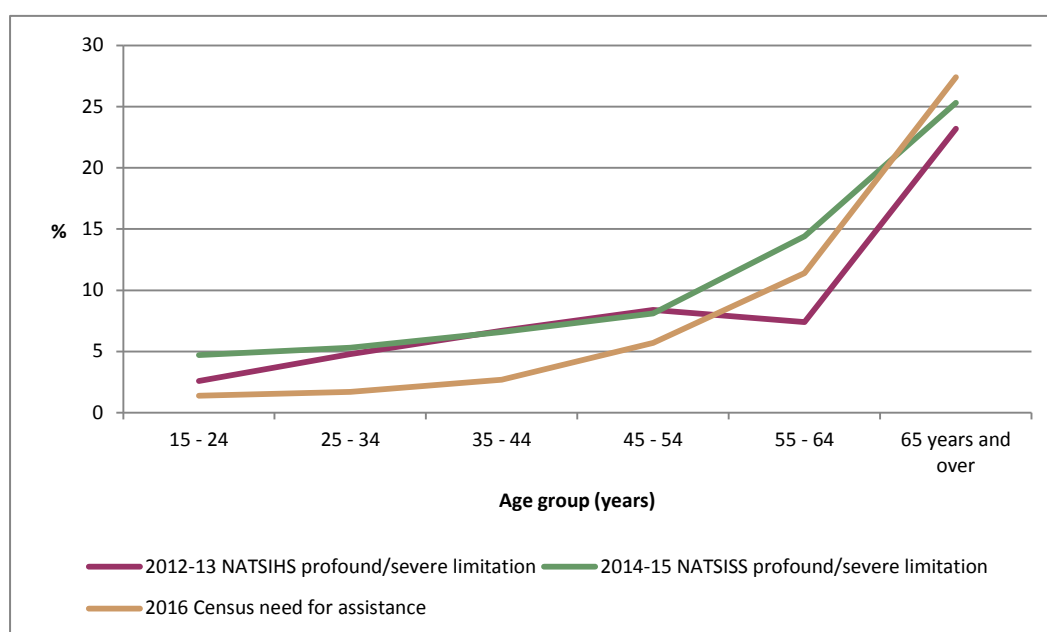
Another factor to consider when analysing the Census 'Need for Assistance' data is the way in which the information is collected. Personal interviews tend to elicit higher response rates than self-completed paper or on-line questionnaires. Also, the greater the number of people interviewed, the higher the chance of identifying people who need assistance.

Caution

It is important to consider the Census net undercount for the Aboriginal and Torres Strait Islander population (estimated to be 138,000 people), and the potential impact this has on the quality of 'Need for Assistance' data for this population.

PROFOUND/SEVERE CORE ACTIVITY LIMITATION (REMOTE/VERY REMOTE)

Prevalence of Profound/severe core activity limitation by Age group for selected surveys, Remote/Very Remote (a)



(a) Aboriginal and Torres Strait Islander people aged 15 years and over, living in private households

Examination of the graph indicates that:

- Profound/severe measures from the 2016 Census consistently sit lower than the 2012-13 NATSIHS and 2014-15 NATSISS, until the 55-64 years age group. The significance of these differences varies across age groups.
 - *Profound/severe measures from the NATSIHS are statistically significantly higher than the Census for the 25-34 years age group.*
 - *Profound/severe measures from the NATSISS are statistically significantly higher than the Census for age groups 15-24 and 35-44.*
 - *There are no statistically significant differences between the NATSIHS and NATSISS measures.*
- Population samples for the 2012-13 NATSIHS and 2014-15 NATSISS are relatively small for profound/severe measures in remote/very remote areas. As such, the associated levels of uncertainty for data in some age groups are quite high and the data from these surveys should be considered with caution.

ANALYSIS

Discussion

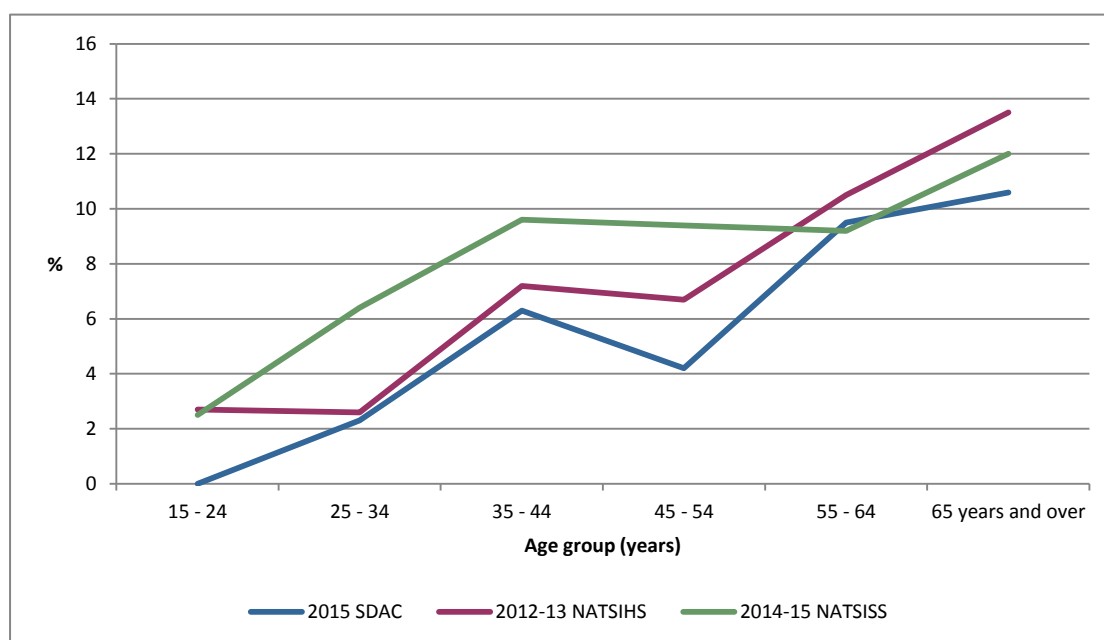
Although the 2012-13 NATSIHS and 2014-15 NATSISS both collected a range of 'Severity of Disability' measures in remote/very remote areas, only the combined measure of profound/severe core activity limitation is considered in this analysis. This is due to the 2016 Census being the only other comparative collection for remote/very remote areas, with the Census 'Need for Assistance' measure being conceptually comparable to the 'profound/severe core activity limitation' category. There is no data available from the 2015 SDAC as this survey does not collect information from very remote areas.

Caution

As noted in the non-remote analysis, it is important to consider the Census net under count for the Aboriginal and Torres Strait Islander population (estimated to be 138,000 people), and the potential impact this has on the quality of 'Need for Assistance' data for this population.

MODERATE CORE ACTIVITY LIMITATION (NON-REMOTE)

Prevalence of Moderate core activity limitation by Age group for selected surveys, Non-remote (a)



(a) Aboriginal and Torres Strait Islander people aged 15 years and over, living in private households

Examination of the graph indicates that:

- For all survey collections, there is a linear rise in rates for 'moderate core activity' as age increases.
- The 2015 SDAC 'moderate limitation' sample is very small and the associated levels of uncertainty for this measure are very high, as such this data should be considered with caution.
- Associated levels of uncertainty for some age groups in the NATSIHS and NATSISS are also quite high.
- There is little significant difference between age groups.
 - Moderate limitation measures from the NATSIHS and NATSISS are statistically significantly higher than the SDAC for the 15-24 year age group.
 - Moderate limitation measures from the NATSIHS are statistically significantly lower than the NATSISS for the 15-24 year age group.

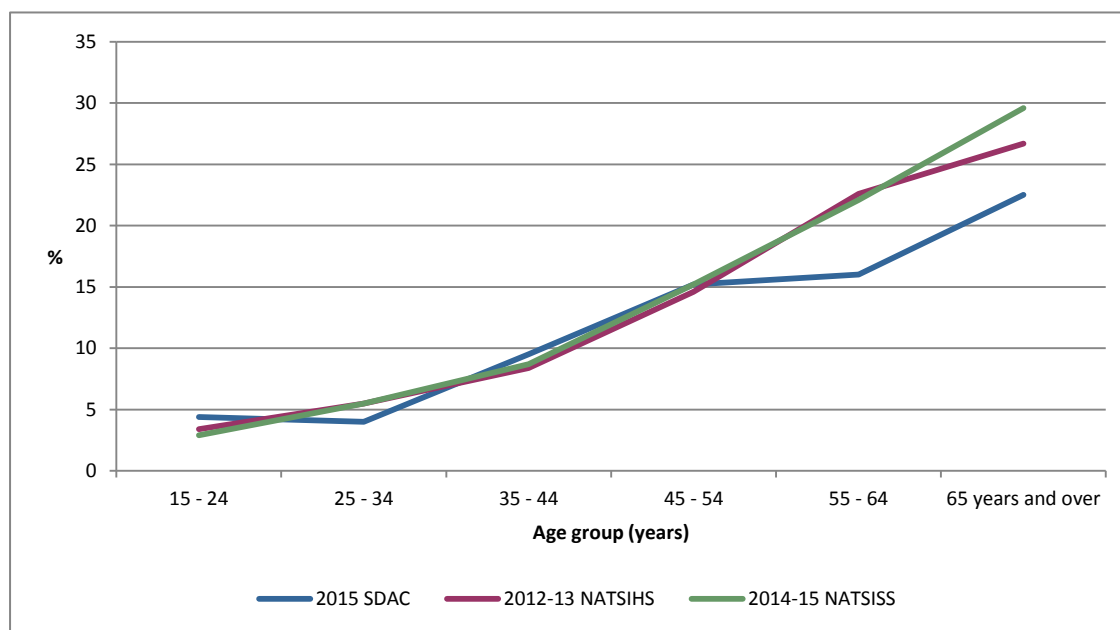
ANALYSIS

Discussion

In both the SDAC and SDM a person is defined as having a 'Moderate core activity limitation' if they have difficulty with at least one of the core activities, but do not require assistance to be able to manage by themselves.

MILD CORE ACTIVITY LIMITATIONS (NON-REMOTE)

Prevalence of Mild core activity limitation by Age group for selected surveys, Non-remote (a)



(a) Aboriginal and Torres Strait Islander people aged 15 years and over, living in private households

Examination of the graph indicates that:

- Measures for 'mild core activity limitation' derived from the SDM relate well to the corresponding 2015 SDAC estimates, with no statistically significant difference between collections.
- It is important to note that the sample counts in the 2015 SDAC for Aboriginal and Torres Strait Islander people are again quite small compared to the 2012-13 NATSIHS and 2014-15 NATSISS, with a high level of uncertainty for some age groups.

Discussion

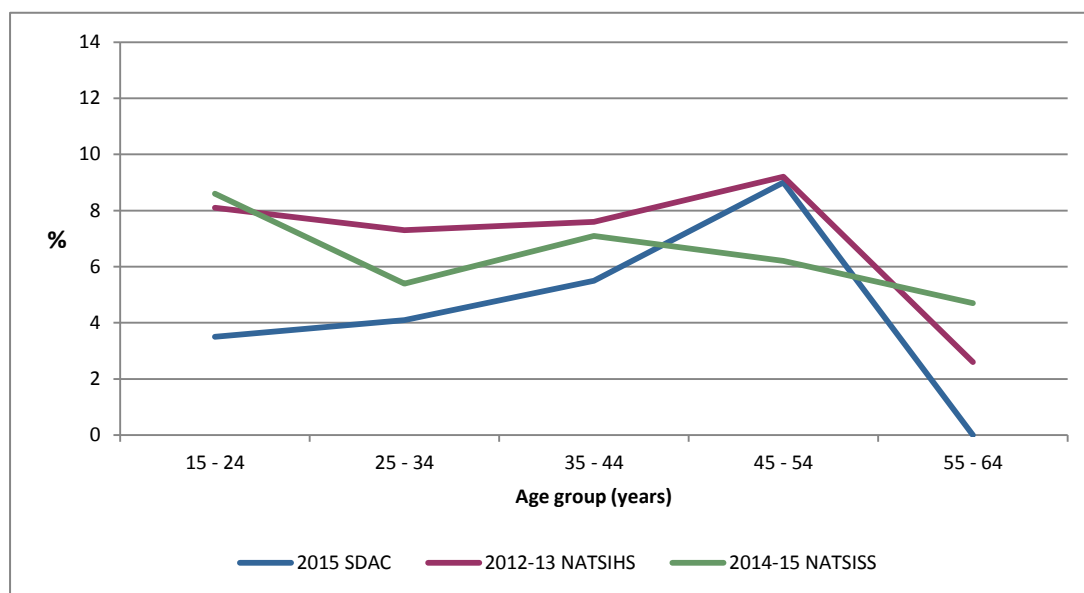
A person is defined in both the SDAC and the SDM as having a 'mild core activity limitation' if they do not need help and have no difficulty with core activities, but they use aids and/or cannot easily do certain tasks such as walking 200m, negotiating stairs, bending to pick up objects or using public transport. The general alignment of results in measuring mild core activity limitation across age groups in the SDAC and surveys using the SDM is also seen when comparing results for the broader Australian population (see [4431.0.55.002 – ABS Sources of Disability Information, 2012-2016](#)).

EDUCATION/EMPLOYMENT RESTRICTION ONLY (NON-REMOTE)

People are classified as having an 'education or employment restriction only' if they have a restriction that does not impact on their communication, self-care or any aspect of their mobility, but does impact on their ability to study, attend an educational institution, or the nature of the work they can do.

ANALYSIS

Prevalence of Education or Employment limitation by Age group for selected surveys, Non-remote (a)



(a) Aboriginal and Torres Strait Islander people aged between 15 and 64 years, living in private households

Examination of the graph indicates that:

- 'Education/ employment restriction only' measures in the 2012-13 NATSIHS and 2014-15 NATSISS correspond well to each other, with no statistically significant difference between the surveys.
- 2015 SDAC estimates for the 15-24 and the 55-64 year age groups are statistically significantly lower when compared to those from the SDM. All other age groups correspond well across the surveys.
- 2015 SDAC measures, across all age groups, have very high levels of uncertainty and need to be considered with caution when comparing with other survey data.

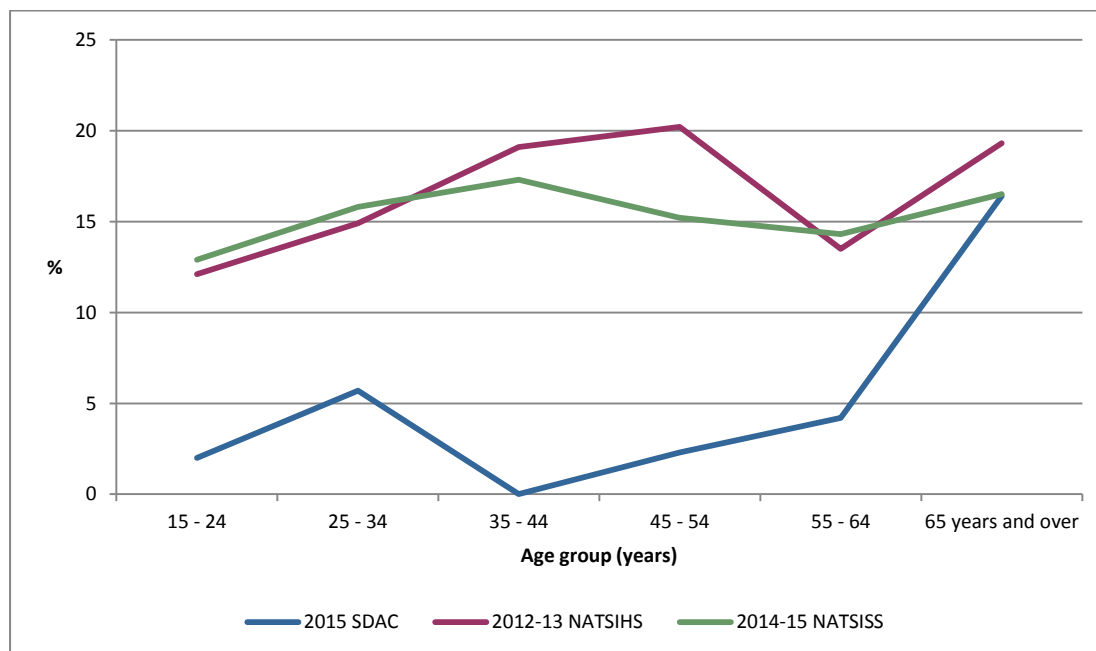
Discussion

Although the SDAC and SDM define education or employment restriction in the same way, it is important to consider that the condensed format and the use of prompt cards in the SDM, may elicit a higher proportion of positive responses than corresponding SDAC questions. In the SDAC, the questions about education and employment restrictions follow a substantial number of questions about a person's need and receipt of assistance with activities of daily living. These detailed questions provide a different frame of reference in answering the questions about educational and employment restrictions to those people completing the SDM and may therefore lead to different answers being supplied in some cases.

ANALYSIS

NO SPECIFIC LIMITATION OR RESTRICTION (NON-REMOTE)

Prevalence of No specific limitation or restriction by Age group for selected surveys, Non-remote (a)



(a) Aboriginal and Torres Strait Islander people aged 15 years and over, living in private households

Examination of the graph indicates that:

- Measures of 'no specific limitation or restriction' in the SDM are significantly higher than measures collected in the 2015 SDAC.
 - *SDM 'no specific limitation or restriction' measures are statistically significantly higher than those in the 2015 SDAC for all ages, except the 65+ age group.*
 - *There is no statistically significant difference between the 2012 NATSIHS and the 2014-15 NATSISS.*
- Measures for the 2015 SDAC 'no specific limitation or restriction' have very high levels of uncertainty and the data needs be considered with caution.

Discussion

The largest difference between disability severity measures collected in the 2015 SDAC and those collected using the SDM occurs in this category. As discussed in the analysis of 'total with Disability', it appears that the 'no specific limitation or restriction' category for surveys using the SDM include respondents with a non-restrictive long-term health condition, as defined by the SDAC.

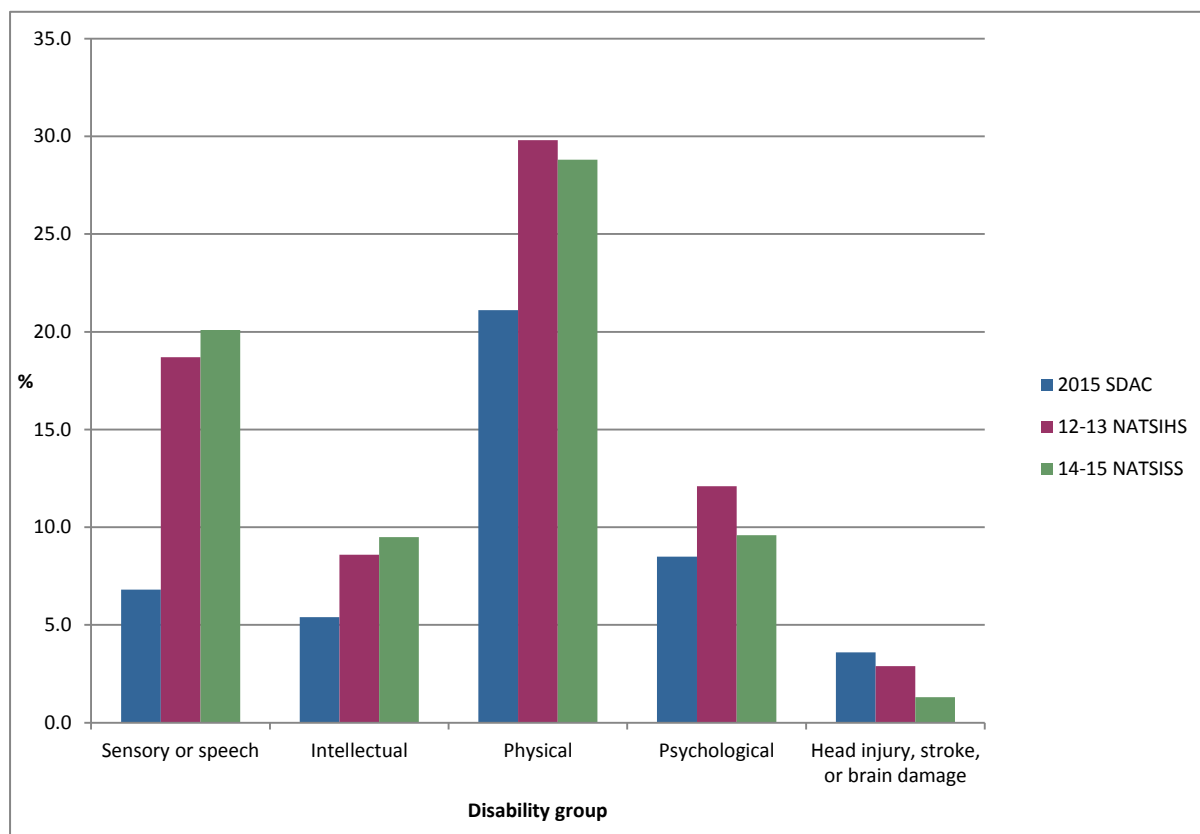
This difference is also observed when the performance of the SDM is compared with the SDAC for the general Australian population, with SDM measures for the 'no specific limitation or restriction' category being between 3 to 5 times higher than the SDAC (see [4431.0.55.002 – ABS Sources of Disability Information, 2012-2016](#)).

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DISABILITY GROUPS (NON-REMOTE)

In order to better understand differences between disability severity measures identified by the 2015 SDAC, and those identified using the SDM, we have included a comparative analysis below of 'Disability Group' data. This analysis gives a detailed picture of what types of limitations or restrictions are contributing to the differences in disability measures across surveys.

Disability Groups for selected surveys, Non-remote(a)



(a) Aboriginal and Torres Strait Islander people aged 15 years and over, living in private households

Examination of the graph indicates that:

- The proportion of people reporting a sensory or speech, intellectual or physical impairment is statistically significantly higher in the SDM when compared with the 2015 SDAC.
- When analysed across age groups, higher rates of sensory or speech and physical impairments in the SDM appear to be fairly consistent across the lifespan.
- When analysed across age groups, higher rates of intellectual impairments in the SDM appear to be in the younger 15-24 year age group.
 - *Note that, 2015 SDAC intellectual impairment measures across age groups have very high levels of uncertainty and comparisons between measures need to be considered with caution.*
- There is no clear pattern of difference between the 2015 SDAC and SDM measures for those with head injury, stroke or brain damage or psychological restriction.
- The Disability Group 'other/type not specified' has not been included in this table as definition of this measure is not considered to be comparable between the SDAC and SDM.

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It should be noted there is another category for 'disability group', which is labelled 'other' in the SDAC and 'type not specified' in the SDM. These groups are collected in a different manner in the two surveys and the results are not comparable, leading to their exclusion from this analysis.

Discussion

The greatest difference between the 2015 SDAC and the SDM occurs for those reporting a sensory or speech impairment. This may be due to the SDAC asking more questions about a person's hearing impairment than the SDM. The SDAC not only establishes whether a person has hearing loss, but also ascertains whether the person is impaired by their hearing loss. This may have the effect of reducing the number of people with hearing loss being counted as having a hearing impairment in the SDAC.

The reason for the difference in intellectual and physical impairments is less certain and may be related to a combination of different survey methodology used to collect the information and high levels of uncertainty associated with Aboriginal and Torres Strait Islander data in the SDAC.

It is worth noting the difference in the identification of people with Sensory and speech and physical impairments has also been observed when comparing results from the SDM and the SDAC for the general Australian population, with SDM measures around 5 to 9 percentage points higher than the SDAC for sensory and speech, and 5 to 11 percentage points higher for physical impairments (see [4431.0.55.002 – ABS Sources of Disability Information, 2012-2016](#)).

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS AND RECOMMENDATIONS

Disability is an extremely complex and difficult concept to measure. This is particularly true when collecting disability data for the Aboriginal and Torres Strait Islander population, as the collection of disability information requires cultural awareness and sensitivity, as well as an understanding of the statistical complexities that come with collecting data for a self-identifying population.

The SDAC - is the most comprehensive source of disability data, designed to capture and measure the complexities of disability experience. It is not designed to collect disability information for the Aboriginal and Torres Strait Islander population specifically and data for this population is limited.

The Short Disability Module (SDM) – has been included in a range of household surveys, providing insights into aspects of life that the SDAC does not examine. The addition of the SDM in the NATSIHS and NATSISS means that an increased range of disability information can be obtained for the Aboriginal and Torres Strait Islander population, without increasing the survey respondent burden for this population. The inclusion of the SDM in the NATSIHS and NATSISS also addresses the data gap for very remote areas and provides larger population samples for key disability severity outputs than are currently unavailable in the SDAC.

The Census ‘Need for Assistance’ topic – provides a measure of profound/severe core activity limitation. The Census ‘Need for Assistance’ topic can provide information on Aboriginal and Torres Strait Islander people with profound/severe limitations across all of Australia including small geographic areas. ‘Need for Assistance’ measures for the Aboriginal and Torres Strait Islander population need to be considered with caution however, as the Census has a large estimated net undercount for this population, and the ‘Need for Assistance’ and ‘Standard Indigenous Question’ in the Census both have a large item non-response.

In assessing the qualities of the SDAC, the SDM and the ‘Need for Assistance’ questions in the Census, the following key points are made:

The SDAC provides a more comprehensive measure of disability when compared to the SDM.

The analyses in this paper have shown that the ‘total with disability’ measure identified by the SDM is markedly different to the ‘total with disability’ measure identified in the SDAC:

- The SDM identifies a larger population with disability as it includes people who report having a restrictive long-term health condition that are defined in the SDAC as having a non-restrictive long-term health condition.
- The higher ‘total with disability’ measure in the SDM appears to be largely influenced by an over-count of people with long-term health conditions that impact sensory or speech, physical and intellectual capacity.

When comparing ‘total with disability’ measures, it is important to consider that the SDAC is a large survey, specifically designed to collect a precise definition of disability. Although the precision of the SDAC cannot be replicated in a small number of questions, the ‘total with disability’ population identified by the SDM provides an important indicator of vulnerable people within the Aboriginal and Torres Strait Islander population, who feel restricted by disability or long-term health conditions in their everyday activities.

CONCLUSIONS AND RECOMMENDATIONS

The SDAC and the SDM (NATSIHS and NATSISS) provide closely aligned 'core activity limitation' measures.

TOTAL CORE ACTIVITY LIMITATION

Analyses in this paper show that 'total core activity limitation' measures from the SDM, and all disaggregated categories within this measure (profound, severe, moderate, mild), align closely to measures identified in the SDAC.

The analyses also show that SDAC 'total core activity limitation' measures for the Aboriginal and Torres Strait Islander population are limited due to:

- Small population samples and higher associated levels of uncertainty; and
- Limited geographic coverage that excludes very remote areas and discrete Aboriginal and Torres Strait Islander Communities.

'Core activity limitation' measures can be obtained from both the NATSIHS and NATSISS across all remoteness areas, with population samples that allow for some disaggregation and broad investigation into the cultural, social and economic characteristics of Aboriginal and Torres Strait Islander people with disability. Note that the 2012-13 NATSIHS collected some disability severity categories differently in non-remote areas compared to remote/very remote areas.

EDUCATION/EMPLOYMENT RESTRICTION

Although prevalence rates for the 'education/employment restriction only' measure from the SDAC and SDM align closely in this analysis, care needs to be taken when using data derived from the SDM. The SDM uses more general wording on prompt cards which may elicit a higher proportion of positive responses to this category. As such, 'education/employment restriction only' data collected using the SDM should not be used as a measure of prevalence, but rather an indicator to compare characteristics of those with and those without an education/employment restriction.

NO SPECIFIC RESTRICTION OR LIMITATION

In the SDM, the 'no specific restriction or limitation' measure is statistically significantly higher when compared with the SDAC. As such, data for this category should be used with caution and users need to have a full understanding of what information is being collected by the SDM in this category.

'Profound/severe limitation' measures in household surveys and the 'need for assistance with core activities' measure are closely aligned (SDAC, NATSIHS, NATSISS and Census).

The combined 'profound/severe limitation' measure represents the population with the greatest disability and therefore the greatest need for assistance, and is available across all the collections included in this analysis.

'Profound/severe limitation' measures from the SDAC are closely aligned to those from the SDM and the measure of 'need for assistance with core activities' in the Census. The Aboriginal and Torres Strait Islander population sample in the SDAC is limited however, with high levels of variability.

CONCLUSIONS AND RECOMMENDATIONS

The NATSIHS and NATSISS provide ‘profound/severe limitation’ measures across all remoteness areas, allowing for comparisons to be made between non-remote and remote/very remote data. However, data collected in remote areas have higher levels of variability, limiting the disaggregation of remote/very remote data.

The Census is the only collection able to provide disaggregated data for Aboriginal and Torres Strait Islander people with ‘profound/severe limitation’ at small geographic levels. Users need to be cautious when using Census data however as:

- The ‘Need for Assistance’ topic only includes four questions, and respondents have fewer opportunities to be identified and correctly categorised by disability severity.
- The Census has an estimated net undercount of Aboriginal and Torres Strait Islander people
- Both the ‘Need for Assistance’ topic and ‘Indigenous Status’ questions have a significant item non-response.

Because of these limitations, the Census ‘Need for Assistance’ measure should not be used to determine the prevalence of Aboriginal and Torres Strait Islander people with ‘profound/severe limitation’, but rather as an indicator to compare the characteristics of people with a ‘Need for Assistance’ to those who do not require assistance.

ABS DATA COLLECTIONS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DISABILITY

APPENDIX: ABS DATA COLLECTIONS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DISABILITY

2015 SURVEY OF DISABILITY, AGEING AND CARERS (2015 SDAC)

Purpose of collection

To provide prevalence rates of different severity levels of disability in Australia, the underlying conditions and causes of disability, the needs of old people for assistance and extent to which need is met with different activities. The SDAC has also been designed to provide characteristics of carers and the effect of the caring role on their lives, and information on the conditions and disabilities of people living in non-private dwellings.

Previous collections (that include the Standard Indigenous Question)

2009, 2012

Future collections

2018

Possible 'Disability Status' outputs from the 2015 SDAC

1	Disability			
	1	Specific limitation or restriction		
	1			
		1	Core activity limitation	
		1		
		1		
			1	Profound core activity limitation
			1	
			1	
			1	
			1112	Severe core activity limitation
			1113	Moderate core activity limitation
			1114	Mild core activity limitation
		112	Education/employment restriction only	
	12	No specific limitation or restriction		
2	Long-term health condition without disability			
3	No disability or long-term health condition			

Disability identification questions

168

Sample size

Household component: 63,515 persons

Cared accommodation component: 11,696 persons

ABS DATA COLLECTIONS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DISABILITY

Geographic outputs

Australia, States and Territories (excludes very remote Australia and discrete Aboriginal and Torres Strait Islander communities)

Age scope

All ages

Dwelling scope

The scope of the 2015 SDAC was narrower than previous surveys which also enumerated:

- People living in hotels, motels and short term caravan parks
- People living in religious and educational institutions
- People living in hostels for the homeless or night shelters
- People living in staff quarters, guest houses, boarding houses or other long-term accommodation

The reduction in scope, which represents less than 1% of the total Australian population, was found to have little to no impact on the accuracy and data quality for key data items.

Number of people selected per household

Household component – all usual residents of private and non-private dwellings

Cared accommodation component – a sample of residents selected per selected cared accommodation establishment

Collection methodology

Household component:

- A responsible adult identified carers, people with disability and people 65 years and over
- Details collected via personal interview
- Self-enumerated form for identified primary carers

Where possible, a personal interview was conducted with people identified in the above populations. Proxy interviews were conducted for:

- Children aged less than 15 years
- Those aged 15 to 17 years whose parent or guardian did not consent to them being personally interviewed
- Those incapable of answering for themselves due to illness, impairment, injury or language problems

Cared accommodation component:

- Questionnaires completed by staff member for each selected occupant and mailed back.

ABS DATA COLLECTIONS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DISABILITY

Response rate

Fully responding households (private dwellings): 80%

Fully responding households (self-care retirement villages): 87.2%

Responding cared accommodation: 89.4%

What's special about the survey?

Large sample (75,211 people) provides precise disability national prevalence data.

Incorporates separate sample for residential health establishments which allows for comprehensive data on older people.

Collects detailed data on effects of disability, including information on carers.

Comparability with other disability measures

The SDAC is the benchmark for all other ABS disability measures and can be compared with all other surveys. The SDAC is not useful for comparing disability data between the Aboriginal and Torres Strait Islander population and the non-Indigenous population because of the very remote area exclusion.

2014-15 NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER SOCIAL SURVEY (2014-15 NATSISS)

Purpose of collection

To provide broad, self-reported information on a range of key areas of social interest for Aboriginal and Torres Strait Islander people. These areas of interest include culture, cultural identity, social networks, housing, health-related topics, employment and education.

Previous collections (that include the Short Disability Module)

2002, 2008

Expected future collections

To be advised

Short Disability Module used?

Yes

ABS DATA COLLECTIONS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DISABILITY

Possible 'Disability Status' outputs from the 2014-15 NATSISS

1	Total with disability			
	1	Specific limitation or restriction		
	1			
		1	Core activity limitation	
		1		
		1		
			1	Has profound core activity limitation
			1	
			1	
			1	
			1112	Has severe core activity limitation
			1113	Has moderate core activity limitation
			1114	Has mild core activity limitation
		112		Has a schooling/employment restriction only
	12	No specific limitation or restriction		
2	Has no disability, but has a non-restrictive long-term health condition			
3	Has no disability or long-term health condition			

Disability identification questions

13

Sample size

6,611 Households

11,178 Persons

Geographic outputs

Australia, States and Territories and Remoteness Areas

Age scope

All ages, however the Short Disability Module was only asked of those aged 15 years and over.

Dwelling scope

Private dwellings only

Number of people selected per household

Only Aboriginal and/or Torres Strait Islander households were considered in scope of the survey. Aboriginal and/or Torres Strait Islander households are defined as a household where at least one person of Aboriginal and/or Torres Strait Islander origin is usually resident (including children).

In non-remote areas, up to two Aboriginal and/or Torres Strait Islander adults (18 years or over) and up to two Aboriginal and/or Torres Strait Islander children (0 to 17 years of age) were selected.

In remote areas, up to one adult (18 years or over) and/or one child (0 to 17 years of age) was selected.

ABS DATA COLLECTIONS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DISABILITY

Collection methodology

In non-remote and remote non-community sample areas, Interviewers conducted a screening process to identify Aboriginal and Torres Strait Islander households, that is, households where one or more household members were identified as being of Aboriginal or Torres Strait Islander origin. Interviewers went to dwellings in selected areas and asked one usually resident household member (aged 18 years and over) if anyone in the household was of Aboriginal or Torres Strait Islander origin. If the household spokesperson stated that one or more usual residents were Aboriginal or Torres Strait Islander, the household form was commenced.

For selected remote communities, ABS Regional Offices contacted communities and health clinics by telephone, prior to enumeration commencing, and sent a Community Approach Letter as confirmation. Standard household survey approaches were modified to take account of language and cultural issues. Interviewers worked in teams of two, one male and one female, to collect the survey information. The interviewers were accompanied, wherever possible, by local facilitators, usually one male and one female, who assisted in the conduct and completion of the interviews. The Aboriginal and Torres Strait Islander facilitators explained the purpose of the survey to respondents, introduced the interviewers, assisted in identifying the usual residents of a household and in locating residents who were not at home and, where necessary, assisted respondent understanding of the questions.

For all selected households, the Any Responsible Adult (ARA) provided basic demographic details, details of relationships and household information such as household income, food security, dwelling structure, financial stress or household smoking. The ARA was also asked to nominate the person(s) in the household who were best able to provide information about children in the household.

Based on information given by the ARA, the survey instrument established those persons in scope of the survey and randomly selected those to be included in the survey. A personal interview was conducted with selected adult(s) (where possible), and an adult was asked to respond on behalf of selected children aged under 15 years. Where permission was granted by a parent or guardian, children aged 15-17 years were interviewed in person.

In instances where an adult was unable to answer questions for themselves, due to significant long-term illness or disability, a proxy interview may have been organised.

Response rate

Fully/adequately responding households (private dwellings): 80.3%

What's special about the survey?

This survey provides detailed information across key areas of social concern for Aboriginal and Torres Strait Islander people. This is the third time the Short Disability Module has been collected as part of a National Aboriginal and Torres Strait Islander Social Survey.

The NATSISS survey instrument and collection methodology was conducted in a culturally sensitive way, with the primary focus being to collect comprehensive, multidimensional social information specific to the Aboriginal and/or Torres Strait Islander population.

This survey collected data across all remoteness areas and included discrete Aboriginal and Torres Strait Islander communities in the sample.

Comparability with other disability measures

Some comparisons can be made between the 2014-15 NATSISS and the SDAC and other surveys that collect the Short Disability Module and the Standard Indigenous Question. Care needs to be taken when comparing data for the Aboriginal and/or Torres Strait Islander population and the non-Indigenous population as these populations have different age structures.

ABS DATA COLLECTIONS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DISABILITY

2012-13 NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SURVEY (2012-13 NATSIHS)

Purpose of collection

To provide information on a range of key health indicators for the Aboriginal and Torres Strait Islander population. Indicators include long-term health conditions, health risk factors, selected social and emotional wellbeing indicators and health measurements.

Previous collections (that include the Short Disability Module)

None

Future collections

2018-19

Short Disability Module used?

Yes

Possible 'Disability Status' outputs from the 2012-13 NATSIHS

1	Total with disability				
	1	Specific limitation or restriction			
	1				
		1	Core activity limitation		
		1			
		1			
			1	Has profound core activity limitation	
			1		
			1		
			1		
			1112	Has severe core activity limitation	
			1113	Has moderate core activity limitation	
			1114	Has mild core activity limitation (non-remote only)	
		112	Has a schooling/employment restriction only		
	12	Has unspecified limitation or restriction (output is different for non-remote and remote data. Check 2012-13 NATSIHS Users Guide for more information)			
2	Has no disability or (restrictive) long-term health condition				

Disability identification questions

Remote: 10

Non-remote only: 12 (the 10 questions asked in remote areas plus two others)

Sample size

Households: 5,371

Persons: 9,317

ABS DATA COLLECTIONS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DISABILITY

Geographic outputs

Australia, States and Territories and Remoteness Areas

Age scope

All ages

Dwelling scope

Private dwellings only

Number of people selected per household

Only Aboriginal and/or Torres Strait Islander households were considered in scope of the survey. Aboriginal and/or Torres Strait Islander households are defined as a household where at least one person of Aboriginal and/or Torres Strait Islander origin is usually resident (including children).

In non-remote areas, up to two Aboriginal and/or Torres Strait Islander adults (18 years or over) and up to two Aboriginal and/or Torres Strait Islander children (0 to 17 years of age) were selected.

In remote areas, up to one adult (18 years or over) and/or one child (0 to 17 years of age) was selected.

Collection methodology

In non-remote and remote non-community sample areas, Interviewers conducted a screening process to identify Aboriginal and Torres Strait Islander households, that is, households where one or more household members were identified as being of Aboriginal or Torres Strait Islander origin. Interviewers went to dwellings in selected areas and asked one usually resident household member (aged 18 years and over) if anyone in the household was of Aboriginal or Torres Strait Islander origin. If the household spokesperson stated that one or more usual residents were Aboriginal or Torres Strait Islander, the household form was commenced.

For selected remote communities, ABS Regional Offices contacted communities and health clinics by telephone, prior to enumeration commencing, and sent a Community Approach Letter as confirmation. Standard household survey approaches were modified to take account of language and cultural issues. Interviewers worked in teams of two, one male and one female, to collect the survey information. The interviewers were accompanied, wherever possible, by local facilitators, usually one male and one female, who assisted in the conduct and completion of the interviews. The Aboriginal and Torres Strait Islander facilitators explained the purpose of the survey to respondents, introduced the interviewers, assisted in identifying the usual residents of a household and in locating residents who were not at home and, where necessary, assisted respondent understanding of the questions.

For all selected households, the Any Responsible Adult (ARA) provided basic demographic details, details of relationships and household information such as household income, food security, dwelling structure, financial stress or household smoking. The ARA was also asked to nominate the person(s) in the household who were best able to provide information about children in the household.

Based on information given by the ARA, the survey instrument established those persons in scope of the survey and randomly selected those to be included in the survey. A personal interview was conducted with selected adult(s) (where possible), and an adult was asked to respond on behalf of the selected children aged under 15 years. Where permission was granted by a parent or guardian, children aged 15-17 years were interviewed in person.

In instances where an adult was unable to answer questions for themselves, due to significant long-term illness or disability, a person responsible for them was interviewed on their behalf, provided this was acceptable to the selected person. Where possible, the respondent was still present during the interview. If the respondent was not able to be present, certain questions were not asked.

Response rate

Fully/adequately responding households (private dwellings): 80.2%

ABS DATA COLLECTIONS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DISABILITY

What's special about the survey?

This survey provides detailed health information specific to the Aboriginal and Torres Strait Islander population and is currently the only National Aboriginal and Torres Strait Islander Health Survey to collect the Short Disability Module.

The survey instrument and collection methodology was conducted in a culturally sensitive way with the primary focus being to collect comprehensive health information specific to the Aboriginal and/or Torres Strait Islander population.

The survey collected data across all remoteness areas and included discrete Aboriginal and Torres Strait Islander communities in the sample.

Comparability with other disability measures

Some comparisons can be made between the 2012-13 NATSIHS and the SDAC and other surveys that collect the Short Disability Module and the Standard Indigenous Question. Care needs to be taken when comparing with other collections as the 2012-13 NATSIHS used a modified version of the Short Disability Module in remote/very remote areas and data may not be comparable.

Care also needs to be taken when comparing data for the Aboriginal and/or Torres Strait Islander population and the non-Indigenous population as these two populations have different age structures.

2016 CENSUS OF POPULATION AND HOUSING (2016 CENSUS)

Purpose of collection

The Census was designed to provide an estimate of Australia's population and provide complete information about many different aspects of the Australian population.

Previous collections (that include the Standard Indigenous Question and 'Need for Assistance' topic)

2006, 2011

Expected future collections

2021

Possible 'Disability Status' outputs from the 2016 Census

- 1 Has need for assistance with core activities
- 2 Does not have need for assistance with core activities

Disability identification questions

4

Geographic outputs

All Australian Standard Geographic Classification (ASGC) areas.

Age scope

All people

ABS DATA COLLECTIONS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DISABILITY

Dwelling scope

All dwellings

Number of people selected per household

All people

Collection methodology

Self-enumerated forms in most areas; special forms used in remote Aboriginal and Torres Strait Islander Communities.

'Need for assistance' was derived from the answers to four questions - three questions asking about the need for help with the core activity areas of self-care, mobility and communication. The fourth question asks about the reason for that need.

The form used in gaols did not include any questions on need for assistance.

Item non-reponse

6% did not respond to the Indigenous Status Question (SIQ)

7% did not respond to the Need for Assistance questions

What's special about the survey?

The Census is the only reliable source of information for small areas and small population groups. It provides data for very remote areas.

Comparability with other disability measures

The Census used a short question set which does not attempt to identify disability but rather the people who are affected by disability to the degree that they need assistance. The need for assistance measure was designed to be comparable to the profound or severe core-activity limitation measure available from the SDAC and social surveys using the Short Disability Module. Short question sets typically identify fewer people in the population of interest (in this case, people with a need for assistance) than longer question sets (used by household surveys).

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

APPENDIX: DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Screening questions used in the Survey of Disability, Ageing and Carers (SDAC) to identify people with disability in households of more than one person are shown below. Appropriate wording variations and sequence changes are used to accommodate interviewing in one person households.

Q.1 I now have some questions about health conditions that have lasted, or are likely to last, for 6 months or more. Does anyone in this household have any loss of sight?

Yes

No - *Go to Q.6*

Q.2 Who are they?

Q.3 Can [...] see normally wearing glasses or contact lenses?

Yes

No

Q.4 Does [...] have total loss of sight?

Yes

No

Q.5 What is the main condition that causes this loss of sight?

Q.6 Does anyone in this household have any loss of hearing?

Yes

No - *Go to Q.10*

Q.7 Who are they?

Q.8 Does [...] have total loss of hearing?

Yes

No

Q.9 What is the main condition that causes this loss of hearing?

Q.10 Does anyone in this household have anything wrong with their speech?

Yes

No - *Go to Q.14*

Q.11 Who are they?

Q.12 Does [...] have total loss of speech?

Yes

No

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Q.13 What is the main condition that causes this speech difficulty?

Q.14 Does anyone in this household have shortness of breath or difficulty breathing?

Yes

No - *Go to Q.18*

Q.15 Who are they?

Q.16 Is [...] restricted in everyday activities because of the breathing difficulty?

Yes

No

Q.17 What is the main condition that causes the breathing difficulty?

Q.18 Does anyone in this household have chronic or recurrent pain or discomfort?

Yes

No - *Go to Q.22*

Q.19 Who are they?

Q.20 Is [...] restricted in everyday activities because of the pain or discomfort?

Yes

No

Q.21 What is the main condition that causes this pain or discomfort?

Q.22 Does anyone in the household have blackouts, fits or loss of consciousness?

Yes

No - *Go to Q.25*

Q.23 Who are they?

Q.24 What is the main condition that causes [...]’s blackouts, fits or loss of consciousness?

Q.25 Does anyone in this household have difficulty learning or understanding things?

Yes

No - *Go to Q.28*

Q.26 Who are they?

Q.27 What is the main condition that causes [...]’s difficulty in learning or understanding things?

Q.28 Does everyone in the household have full use of their arms and fingers?

Yes - *Go to Q.31*

No

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Q.29 Which members of the household don't have full use of their arms or fingers?

Q.30 What is the main condition that causes this restriction for [...]?

Q.31 Does anyone in the household have difficulty gripping or holding things?

Yes

No - Go to Q.34

Q.32 Who are they?

Q.33 What is the main condition that causes [...]’s difficulty in gripping or holding things?

Q.34 Does everyone in this household have full use of their feet and legs?

Yes - Go to Q.37

No

Q.35 Which members of the household don't have full use of their feet or legs?

Q.36 What is the main condition that causes this restriction for [...]?

Q.37 Does anyone in the household have a nervous or emotional condition?

Yes

No - Go to Q.42

Q.38 Who are they?

Q.39 Is [...] having treatment for this condition?

Yes

No

Q.40 Is [...] restricted in everyday activities because of this condition?

Yes

No

Q.41 What is the name of the nervous or emotional condition that [...] has?

Q.42 Is anyone in the household restricted in doing everyday physical activity or physical work?

Yes

No - Go to Q.45

Q.43 Who are they?

Q.44 What is the main condition causing [...]’s restriction in physical activity or work?

Q.45 Does anyone in the household have a disfigurement or deformity?

Yes

No - Go to Q.49

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Q.46 Who are they?

Q.47 Is [...] restricted in everyday activities because of this disfigurement or deformity?

Yes

No

Q.48 What was the main condition causing [...]’s disfigurement or deformity?

Q.49 Does anyone in the household need to be helped or supervised in doing things because of a mental illness or condition?

Yes

No - *Go to Q.52*

Q.50 Who are they?

Q.51 What is the name of the main condition [...]’s has?

Q.52 Does anyone in the household have memory problems or periods of confusion?

Yes

No - *Go to Q.56*

Q.53 Who are they?

Q.54 Is [...] restricted in everyday activities because of this condition?

Yes

No

Q.55 What is the main condition that causes [...]’s memory problems or periods of confusion?

Q.56 Does anyone in the household have social or behavioural difficulties?

Yes

No - *Go to Q.60*

Q.57 Who are they?

Q.58 Is [...] restricted in everyday activities because of this condition?

Yes

No

Q.59 What is the name of the social or behavioural condition that [...] has?

Q.60 Has anyone in the household ever had a head injury?

Yes

No - *Go to Q.64*

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Q.61 Who are they?

Q.62 Does [...] have any long-term effects as a result of the head injury, that interfere with (him/her) doing everyday activities?

Yes

No - *Go to Q.64*

Q.63 What are the long-term effects that the head injury has caused?

Q.64 Has anyone in the household ever had a stroke?

Yes

No - *Go to Q.68*

Q.65 Who are they?

Q.66 Does [...] have any long-term effects as a result of the stroke that interfere with (him/her) doing everyday activities?

Yes

No - *Go to Q.68*

Q.67 What are the long-term effects that the stroke has caused?

Q.68 Has anyone in the household ever had any other kind of brain damage or acquired brain injury?

Yes

No - *Go to Q.73*

Q.69 Who are they?

Q.70 Does [...] have any long-term effects as a result of this brain damage or acquired brain injury, that interfere with (him/her) doing everyday activities?

Yes

No - *Go to Q.73*

Q.71 What are the long-term effects that this brain damage or acquired brain injury has caused?

Q.72 What was the cause of this brain damage or acquired brain damage?

Q.73 Is anyone in the household receiving treatment or medication for any long-term conditions or ailments?

Yes

No - *Go to Q.77*

Q.74 Who are they?

Q.75 What conditions is [...] receiving treatment or medication for?

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Q.76 Even though [...] is being treated, is (he/she) still restricted in everyday activities by (this/any of these) long-term condition(s) you have just mentioned?

Yes

No

Q.77 Does anyone in the household have any of these health conditions, or any other conditions, that have lasted or are likely to last 6 months or more, that you have not already reported?

Yes

No - *Go to Q.81*

Q.78 Who are they?

Q.79 What other conditions does [...] have?

Q.80 Is [...] restricted in everyday activities because of (this/any of these) condition(s)?

Yes

No

Q.81 Does anyone (else) in the household have dementia?

Yes

No - *Go to Q.83*

Q.82 Who are they?

Q.83 Sequence Guide

If someone in house has a hearing problem ('Yes' in Q.6) - go to Q.84

Otherwise - go to Q.89

Q.84 Does [...] use a hearing aid to assist with hearing?

Yes

No

Q.85 Does [...] have a cochlear implant?

Yes

No

Q.86 Does [...] use other aids, such as hearing dogs, light signals, or a TTY phone or loop to help compensate for his/her hearing loss?

Yes

No

Q.87 Has the use of (hearing aids/cochlear implants/other aids) improved [...] hearing?

Yes

No - *Go to Q.89*

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Q.88 Does your hearing loss make it difficult for you to communicate?

Yes

No

Q.89 Sequence Guide

If someone in house has disability - go to Q.90

Otherwise - no more questions

Q.90 Does [...] ever need help or supervision when going to, or getting around, a place away from home?

Yes

No - Go to Q.92

Q.91 Does [...] always, or only sometimes, need help with going to, or getting around, a place away from home?

Always - Go to Q.93

Sometimes - Go to Q.93

Q.92 Even though [...] does not need help or supervision with going to, or getting around, a place away from home, does he/she find it difficult to do?

Yes

No

Q.93 Does [...] ever need help or supervision when moving about the house?

Yes

No - Go to Q.95

Q.94 Does [...] always, or only sometimes, need help when moving about the house?

Always - Go to Q.96

Sometimes - Go to Q.96

Q.95 Even though [...] does not need help or supervision when moving about the house, does he/she find it difficult to do?

Yes

No

Q.96 Does [...] ever need help or supervision to get in or out of bed or a chair?

Yes

No - Go to Q.98

Q.97 Does [...] always, or only sometimes, need help to get in or out of bed or a chair?

Always - Go to Q.99

Sometimes - Go to Q.99

Q.98 Even though [...] does not need help or supervision to get in or out of bed or a chair, does he/she find it difficult to do?

Yes

No

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Q.99 Is [...] in a wheelchair?

Yes - Go to Q.105

No

Q.100 Can [...] easily walk 200 metres?

Yes

No - Go to Q.102

Q.101 Would it take [...] longer than most other people of the same age?

Yes

No

Q.102 Can [...] walk up and down stairs without a handrail?

Yes

No - Go to Q.104

Q.103 Can [...] do this without difficulty?

Yes

No

Q.104 Can [...] easily bend down and pick up an object from the floor without any assistance?

Yes

No

Q.105 Does [...] ever need help or supervision to shower or bathe?

Yes

No - Go to Q.107

Q.106 Does [...] always, or only sometimes, need help to shower or bathe?

Always - Go to Q.108

Sometimes - Go to Q.108

Q.107 Even though [...] does not need help or supervision to shower or bathe, does he/she find it difficult to do?

Yes

No

Q.108 Does [...] ever need help or supervision to dress themselves, for example doing up shoelaces, buttons or zips?

Yes

No - Go to Q.110

Q.109 Does [...] always, or only sometimes, need help to dress themselves?

Always - Go to Q.111

Sometimes - Go to Q.111

Q.110 Even though [...] does not need help or supervision to dress themselves, does he/she find it difficult to do?

Yes

No

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Q.111 Does [...] ever need help or supervision when eating a meal, for example cutting up food?

Yes

No - *Go to Q.113*

Q.112 Does [...] always, or only sometimes, need help when eating a meal?

Always - *Go to Q.114*

Sometimes - *Go to Q.114*

Q.113 Even though [...] does not need help or supervision when eating a meal, does he/she find it difficult to do?

Yes

No

Q.114 Does [...] ever need help or supervision using the toilet?

Yes

No - *Go to Q.116*

Q.115 Does [...] always, or only sometimes, need help using the toilet?

Always - *Go to Q.117*

Sometimes - *Go to Q.117*

Q.116 Even though [...] does not need help or supervision using the toilet, does he/she find it difficult to do?

Yes

No

Q.117 Does [...] have any difficulty controlling their bladder or bowel?

Yes

No - *Go to Q.120*

Q.118 Does [...] ever need help in managing this difficulty?

Yes

No - *Go to Q.120*

Q.119 Does [...] always, or only sometimes, need help managing this difficulty?

Always

Sometimes

Q.120 Does [...] have any difficulty understanding someone they don't know?

Yes

No - *Go to Q.124*

Q.121 Can he/she understand them at all?

Yes

No

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Q.122 Does he/she ever need help with this?

Yes

No - *Go to Q.124*

Q.123 Does he/she always or only sometimes need help with understanding someone they don't know?

Always

Sometimes

Q.124 Does [...] have any difficulty understanding family or friends?

Yes

No - *Go to Q.128*

Q.125 Can he/she understand them at all?

Yes

No

Q.126 Does he/she ever need help with this?

Yes

No - *Go to Q.128*

Q.127 Does he/she always or only sometimes need help with understanding family and friends?

Always

Sometimes

Q.128 Does [...] have any difficulty being understood by someone they don't know?

Yes

No - *Go to Q.132*

Q.129 Can he/she understand them at all?

Yes

No

Q.130 Does he/she ever need help with this?

Yes

No - *Go to Q.132*

Q.131 Does he/she always or only sometimes need help with being understood by someone they don't know?

Always

Sometimes

Q.132 Does [...] have any difficulty being understood by family or friends?

Yes

No - *Go to Q.136*

Q.133 Can he/she understand them at all?

Yes

No

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Q.134 Does he/she ever need help with this?

Yes

No - *Go to Q.136*

Q.135 Does he/she always or only sometimes need help with being understood by family and friends?

Always

Sometimes

Q.136 Is [...] able to communicate more easily with others using any of these non-spoken forms of communication?

Yes

No

Q.137 Does [...] use an aid to help with any of these tasks?

Yes

No

Q.138 Does [...] use any of these aids to help them move around?

Yes

No

Q.139 Does [...] use any medical aids such as these to help manage his/her condition?

Yes

No

Q.140 Does [...] use any non-electronic aids, such as picture boards or symbol boards or large print books to assist with reading or writing?

Yes

No

Q.141 Does [...] use any electronic aids, such as a talking word processor, special computer software and printout system, or 'app' on a mobile device to assist with reading or writing?

Yes

No

Q.142 Does [...] use any non-electronic aids, such as picture boards, symbol boards, or letter/word boards, to assist with speaking?

Yes

No

Q.143 Does [...] use any electronic aids, such as digitised, or synthesised speech output systems, or 'app' on mobile devices to assist with speaking?

Yes

No

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Q.144 Does [...] use email or the internet to communicate with others because of their condition(s)?

Yes

No

Q.145 When [...] [go/goes] to places away from the home [do/does] [you/he/she] ever need to be driven by someone else in a private vehicle or by taxi?

Yes - *Go to Q.148*

No

Does not leave home - *Go to Q.147*

Q.146 Even though [...] does not need to be driven to places away from home, do they find it difficult to travel to these places without assistance?

Yes - *Go to Q.148*

No - *Go to Q.148*

Does not leave home

Q.147 You told me that [...] does not leave their home. What is the main reason [...] does not leave their home?

Does not want to

Prevented by own disability/condition

Difficulty using transport

Difficulty obtaining transport

Old age/too old

Fear/anxiety

Other

Q.148 Does [...] use any type of public transport at all?

Yes

No

Q.149 Is there any form of public transport [...] could use, regardless of whether it is available in their area?

Yes

No - *Go to Q.153*

Q.150 Would [...] be able to use all forms of public transport, including trains, buses, trams and ferries?

Yes

No

Q.151 As a result of [...]’s condition(s), (does/would) [...] ever need help or supervision when using public transport that they (can/could) use?

Yes - *Go to Q.153*

No

Q.152 (Would/Does) [...] find it at all difficult to use (public transport/the public transport that [...] (can/could) use)?

Yes

No

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Q.153 Does [...] currently attend school?

Yes - Go to Q.155

No

Q.154 What is the main reason [...] does not attend school?

Condition(s) prevent school attendance - Go to Q.160

Too young - Go to Q.160

Home schooling/correspondence - Go to Q.160

Finished school - Go to Q.160

Q.155 Does [...] go to a special school because of their condition?

Yes - Go to Q.160

No

Q.156 Does [...] attend special classes because of their condition?

Yes

No

Q.157 Because of their condition(s), is [...] provided with any special arrangements or support services by their [school/name of institution]?

Yes

No

Q.158 Does [...] have any difficulty at [school/name of institution] because of [...]’s condition(s)?

Yes

No

Q.159 On average, does [...] need at least one day a week off from [school/name of institution] because of [...]’s condition(s)?

Yes

No

Q.160 Sequence Guide

If less than 15 years of age - no more questions

Otherwise - Go to Q.161

Q.161 Does [...]’s condition(s) permanently prevent [...] from working?

Yes

No

Q.162 Does [...]’s condition(s) restrict the type of job [...] can do?

Yes

No

Q.163 Does [...]’s condition(s) restrict the number of hours [...] can work?

Yes

No

DISABILITY SCREENING QUESTIONS FROM THE SURVEY OF DISABILITY, AGEING AND CARERS

Q.164 Does [...]’s condition(s) make it more difficult to change jobs or get a preferred job?

Yes

No

Q.165 On average, does [...] need at least one day a week off work because of [...]’s condition(s)?

Yes

No

Q.166 (Does/would) [...] need to be given ongoing assistance or supervision at work because of [...]’s condition(s)?

Yes

No - *Go to Q.168*

Q.167 Has [...] employer provided him/her with, or allowed them to have a special support person for this?

Yes

No

Q.168 (Was it/Would it be) necessary for [...]’s employer to provide any special equipment, modify the work environment or make any special arrangements for [...], because of [...]’s condition(s)?

Yes

No

THE SHORT DISABILITY MODULE IN ABS NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HOUSEHOLD SURVEYS

APPENDIX: THE SHORT DISABILITY MODULE IN ABS NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HOUSEHOLD SURVEYS

National Aboriginal and Torres Strait Islander household surveys that collect the Short Disability Module

	2002 NATSISS	2008 NATSISS	2012-13 NATSIHS	2014-15 NATSISS
The Short Disability Module (SDM)	The first time the SDM was included in the NATSISS. The SDM was modified for remote areas.	The SDM was again modified for remote areas. The SDM also had fewer questions, which limited disability severity output. Some additional Disability Type questions were asked in remote areas.	The first time the SDM was included in the NATSIHS. The SDM was revised in 2012 which included reordering some questions. A modified version was again used in remote areas.	The full SDM was used in both non-remote and remote areas, with some wording amendments to aid comprehension.
Disability Status (Non-remote)	15+ yrs, Non-remote 1. Has profound core activity limitation 2. Has severe core activity limitation 3. Has moderate core activity limitation 4. Has mild core activity limitation 5. Has a schooling/employment restriction only 6. Has no specific limitation or restriction 7. Has no disability or long-term health condition	15+ yrs, Non-remote 1. Has profound or severe core activity limitation 2. Has unspecified limitation or restriction 3. Has no disability or long-term health condition	All Persons, Non-remote 1. Has profound core activity limitation 2. Has severe core activity limitation 3. Has moderate core activity limitation 4. Has a mild core activity limitation 5. Has a schooling/employment restriction only 6. Has unspecified limitation or restriction 7. Has no disability or (restrictive) long-term health condition	15+ yrs, All remoteness areas 0. Not applicable 1. Has profound core activity limitation 2. Has severe core activity limitation 3. Has moderate core activity limitation 4. Has mild core activity limitation 5. Has a schooling/employment restriction only 6. Has no specific limitation or restriction 7. Has no disability, but has non-restrictive long-term health condition 8. Has no disability or long-term health condition
Disability Status (Remote)	15+ yrs, Remote 1. Has profound core activity restriction 2. Has severe core activity restriction 3. Disability/restriction (not further defined) 4. Has no disability or long-term condition	15+ yrs, Remote 1. Has profound or severe core activity limitation 2. Has unspecified limitation or restriction 3. Has no disability or long-term health condition	All Persons, Remote 1. Has profound core activity limitation 2. Has severe core activity limitation 3. Has moderate core activity limitation 4. Has a schooling/employment restriction only	

THE SHORT DISABILITY MODULE IN ABS NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HOUSEHOLD SURVEYS

			5. Has unspecified limitation or restriction. (may include those with mild core activity limitation)	
			6. Has no disability or (restrictive) long-term health condition	
Disability Type (Non-remote)	15+ yrs, Non-remote	15+ yrs, Non-remote	All Persons, Non-remote	15+ yrs, All remoteness areas
	1. Sight, hearing, speech	1. Sight, hearing, speech	1. Sight, hearing, speech	1. Sight, hearing, speech
	2. Physical	2. Physical	2. Physical	2. Physical
	3. Intellectual	3. Intellectual	3. Intellectual	3. Intellectual
	4. Psychological	4. Psychological	4. Psychological	4. Psychological
	5. Type not specified	5. Type not specified	5. Head injury, stroke and brain damage	5. Head injury, stroke, or brain damage
	6. Has no disability or long-term health condition	6. Has no disability or long-term health condition	6. Other	6. Type not specified
				8. Has no disability
Disability Type (Remote)	15+ yrs, Remote	15+ yrs, Remote	All Persons, Remote	9. Not applicable
	1. Sight, hearing, speech	1. Sight, hearing, speech	1. Sight, hearing, speech	
	2. Physical	2. Physical	2. Physical	
	3. Intellectual	3. Intellectual	3. Intellectual	
	4. Type not specified	4. Psychological	4. Psychological	
	5. Has no disability or long-term health condition	5. Type not specified	5. Head injury, stroke and brain damage	
		6. Has no disability or long-term health condition	6. Other	
Comparisons	First collection of the SDM	Limited comparability with 2002 NATSISS for combined profound/severe data only, with non-remote and remote areas to be compared separately.	Limited comparability with 2008 NATSISS for combined profound/severe data only, with non-remote and remote areas to be compared separately.	Non-remote data can be compared to 2012-13 NATSIHS and 2008 NATSISS (profound/severe combined data only). Remote data is not comparable to previous surveys.

SHORT DISABILITY MODULE QUESTIONS: 2012-13 NATSIHS AND 2014-15 NATSISS

APPENDIX: SHORT DISABILITY MODULE QUESTIONS: 2012-13 NATSIHS AND 2014-15 NATSISS

The Short Disability Module (SDM) is a standard set of questions used in a survey to quickly identify whether a person has disability, and determine the severity of their disability.

Questions in the SDM typically take less than two minutes and responses to the questions can be used to classify a person's severity of disability. As questions on the presence of health conditions allow for multiple responses to be provided, the SDM cannot provide separate identification of particular individual conditions which cause disability.

The table below presents questions for the SDM as they appear in the [2012-13 NATSIHS](#) and the [2014-15 NATSISS](#):

2012-13 NATSIHS

(All persons)

2014-15 NATSISS

(15 years and over)

The first questions in the module determine the presence or absence of various health conditions, impairments, limitations or restrictions

DIS_INTRO

I would now like to ask about any health conditions [you/(name)] may have that have lasted, or are likely to last, for **six months or more**.

Go to DIS_Q01

Q01DIS

You told me that you [WS15DIS: have/have not] been told by a doctor or nurse that you have a health condition.

I would like to know about any health conditions you have now that have lasted, or are likely to last, for **six months or more**, even if a doctor or nurse has not told you about them.

Please include any conditions you have already told me about.

DIS_Q01

[Do/Does] [you/(name)] have any of these [conditions/health problems] (that have lasted, or are likely to last, for **six months or more**)?

Prompt Card 24 (more than one response is allowed):

Non-remote

1. Shortness of breath
2. Chronic or recurring pain
3. A nervous or emotional condition
4. Long term effects as a result of head injury, stroke or other brain damage
5. Any other long term condition that requires treatment or medication
6. Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc.
7. No, none of these

Remote

1. Trouble breathing that makes doing things hard
2. Pain that is always there or pain that keeps coming back in the same place that makes doing things hard

Q02DIS

Do you have any of these conditions?

Green prompt card K1:

Non-remote

1. Shortness of breath, or difficulty breathing
2. Chronic or recurring pain
3. A nervous or emotional condition
4. Long term effects as a result of head injury, stroke or other brain damage
5. A long term condition that requires treatment or medication
6. Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc

Remote

1. Trouble breathing that makes doing things hard
2. Pain that is always there or pain that keeps coming back in the same place that makes doing things hard
3. Fears or any emotional problems such as depression that makes doing things hard
4. Problems doing things now because of a knock to the head or a stroke

SHORT DISABILITY MODULE QUESTIONS: 2012-13 NATSIHS AND 2014-15 NATSISS

3. Fears or any emotional problems such as depression that makes doing things hard
4. Problems doing things now because of a knock to the head or a stroke
5. Any other long term health problem that means you have to see the doctor or take medicine
6. A long-term condition such as arthritis, asthma, heart disease, diabetes/sugar problems, kidney problems.
7. No, none of these
5. Going to the (Doctor/Clinic) or taking any medicine for any other health problems
6. Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia, etc
1. Yes
5. No

1 to 6 - Go to DIS_Q03

7 - Go to DIS_Q04

1 - Go to Q03DIS

5 - Go to Q04DIS

Q03DIS

Which ones?

Green prompt card K1

More than one response is allowed

[WS1DIS:

Non-remote

1. Shortness of breath, or difficulty breathing
2. Chronic or recurring pain
3. A nervous or emotional condition
4. Long term effects as a result of head injury, stroke or other brain damage
5. A long term condition that requires treatment or medication
6. Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc

Remote

1. Trouble breathing that makes doing things hard
2. Pain that is always there or pain that keeps coming back in the same place that makes doing things hard
3. Fears or any emotional problems such as depression that makes doing things hard
4. Problems doing things now because of a knock to the head or a stroke
5. Going to the (Doctor/Clinic) or taking any medicine for any other health problems
6. Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia, etc]

1 to 6 - Go to Q03ADIS

DIS_Q03

[Are/is] [you/he/she] restricted in everyday activities because of [this/these] [condition/conditions]?

[Insert conditions (1 to 6) identified at DIS_Q01]

1. Yes

Q03ADIS

Are you restricted in everyday activities because of [WS2DIS: these /this] [WS3DIS: conditions/condition]?

1. Yes

5. No

SHORT DISABILITY MODULE QUESTIONS: 2012-13 NATSIHS AND 2014-15 NATSISS

5. No

1 - Go to DIS_Q03_SG

5 - Go to DIS_Q04

DIS_Q03_SG

1. If more than one condition reported in DIS_Q01

2. Otherwise (only one condition)

1 - Go to DIS_Q03A

2 - Go to DIS_Q04

DIS_Q03A

Which ones?

[Insert conditions (1 to 6) identified at DIS_Q01]

All - Go to DIS_Q04

DIS_Q04

I would now like to ask about any other conditions [you/(name)] may have that have lasted, or are likely to last, for **six months or more**.

[Do/Does] [you/he/she] have any of these conditions?

Which ones?

Prompt Card 24

More than one response is allowed.

Non-Remote

10. Sight problems not corrected by glasses or contact lenses

11. Hearing problems

12. Speech problems

13. Blackouts, fits or loss of consciousness

14. Difficulty learning or understanding things

15. Limited use of arms or fingers

16. Difficulty gripping things

17. Limited use of legs or feet

18. Any condition that restricts physical activity or physical work (e.g. back problems, migraines)

19. Any disfigurement or deformity

20. Any mental illness for which help or supervision is required

21. No, none of these

Remote

10. Problems with sight or seeing things

11. Can't hear/Any problems hearing

12. Can't speak/ Any problems speaking

13. Blackouts, fits or loss of consciousness

14. Problems learning or understanding things because of any

1 - Go to SG3DIS

5 - Go to Q04DIS

SG3DIS

1. If more than one condition reported in Q03DIS

2. Otherwise (only one condition selected)

1 - Go to Q03BDIS

2 - Go to Q04DIS

Q03BDIS

Which ones?

More than one response is allowed.

[Insert conditions (1-6) identified at Q03DIS]

All - Go to Q04DIS

Q04DIS

I would now like to ask about any other conditions you may have that are likely to last or have lasted, for **six months or more**.

Do you have any of these conditions?

Green Prompt Card K2:

Non-Remote

10. Sight problems not corrected by glasses or contact lenses

11. Hearing problems

12. Speech problems

13. Blackouts, fits or loss of consciousness

14. Difficulty learning or understanding things

15. Limited use of arms or fingers

16. Difficulty gripping things

17. Limited use of legs or feet

18. A condition that restricts physical activity or physical work (e.g. back problems, migraines)

19. A disfigurement or deformity

20. A mental illness for which help or supervision is required

Remote

10. Problems with sight or seeing things

11. Any problems hearing

12. Any problems speaking

13. Blackouts or fits

14. Problems learning or understanding things because of any conditions

15. Problems using your arms or fingers

16. Problems holding things or picking things up

17. Problems using your legs or feet

SHORT DISABILITY MODULE QUESTIONS: 2012-13 NATSIHS AND 2014-15 NATSISS

conditions

15. Problems using your arms or fingers

16. Problems holding things or picking things up

17. Problems using your legs or feet

18. Any condition such as back problems or bad headaches, that stops you being able to do any physical activity or work

19. Any scars, loss of limbs or other conditions that affect your appearance

20. Any mental illness for which help or supervision is required

21. No, none of these

18. Any condition such as back problems or bad headaches, that stops you being able to do any physical activity or work

19. Any scars, loss of limbs or other conditions that affect your appearance

20. A mental illness for which help is required

1. Yes

5. No

1 - Go to Q05DIS

5 - Go to SG1DIS

All - Go to DIS_Q05_SG

DIS_Q05_SG

1. If **DIS_Q03A** = 1 to 6 or **DIS_Q04** = 10 to 20

2. Otherwise

SG1DIS

1. IF **Q02DIS** = 5 or **Q03ADIS** = 5

2. ELSE

1 - Go to DIS_Q06

2 - Go to DIS_Q06_SG

1 - End of module

2 - Go to Q25DIS

DIS_Q06

[Is this health conditions/Are any of these health conditions] a result of an accident or injury?

1. Yes

5. No

6. Don't know

All - Go to DIS_Q06_SG

DIS_Q06_SG

No restrictive conditions

1. If **DIS_Q03** = 5 and **DIS_Q04** = 21

Multiple restrictive conditions

2. If **DIS_Q03A** has more than one response

3. If **DIS_Q04** has more than one response

4. If **DIS_Q03A** = one response from 1 to 6 and **DIS_Q04** = one response from 10 to 20

One restrictive condition only

5. If **DIS_Q03A** = one response from 1 to 6 and **DIS_Q04** = 21

6. If **DIS_Q01** = 7 and **DIS_Q04** = one response from 10 to 20

1 - End of module

2 to 4 - Go to DIS_Q07

5 or 6 - Go to DIS_Q08

SHORT DISABILITY MODULE QUESTIONS: 2012-13 NATSIHS AND 2014-15 NATSISS

DIS_Q07

You told me that [you/(name)] [have/has] [these conditions]. Which one of these health conditions causes [you/him/her] the most problems?

(List conditions reported in DIS_Q03A and DIS_Q04)

All - Go to DIS_Q08

Q05DIS

Which ones?

Green Prompt Card K2

More than one response is allowed

[WS4DIS:

Non-Remote

10. Sight problems not corrected by glasses or contact lenses
11. Hearing problems
12. Speech problems
13. Blackouts, fits or loss of consciousness
14. Difficulty learning or understanding things
15. Limited use of arms or fingers
16. Difficulty gripping things
17. Limited use of legs or feet
18. A condition that restricts physical activity or physical work (e.g. back problems, migraines)
19. A disfigurement or deformity
20. A mental illness for which help or supervision is required

Remote

10. Problems with sight or seeing things
11. Any problems hearing
12. Any problems speaking
13. Blackouts or fits
14. Problems learning or understanding things because of any conditions
15. Problems using your arms or fingers
16. Problems holding things or picking things up
17. Problems using your legs or feet
18. Any condition such as back problems or bad headaches, that stops you being able to do any physical activity or work
19. Any scars, loss of limbs or other conditions that affect your appearance
20. A mental illness for which help is required]

All - Go to Q25DIS

The next questions in the module determine whether the person has a core activity limitation (the activities of self-care, mobility and communication)

DIS_Q08

I now have some questions about times that [you/(name)] may need somebody to help or look after [you/him/her] because of the condition(s) you have told me about.

Non-Remote

[Do/Does] [you/(name)] ever need help or supervision with any

Q25DIS

I now have some questions about times that you may need somebody to help or look after you because of the condition(s) you have told me about.

[WS5DIS

Non-Remote

SHORT DISABILITY MODULE QUESTIONS: 2012-13 NATSIHS AND 2014-15 NATSISS

of these tasks?

Remote

[Do/Does] [you/(name)] ever need somebody to help or look after [you/him/her] when [you/he/she] [do/does] any of these things?

Prompt card 26:

Non-Remote and Remote

Personal needs

For example:

Bathing or showering

Dressing and/or undressing

Eating and/or feeding

Going to toilet

Bladder/bowel control

Moving around

For example:

Moving around away from home

Moving around at home

Getting in or out of a bed or chair

Talking with people

For example:

Understanding and/or being understood by friends or family, strangers (including use of sign language/lip reading)

1. Yes

5. No

1 - Go to DIS_Q09

5 - Go to DIS_Q10

Do you ever need help or supervision with any of these tasks?

Remote

Do you ever need somebody to help or look after you with any of these tasks?]

Green Prompt Card K3:

Non-Remote and Remote

Personal needs

For example:

Bathing or showering

Dressing and/or undressing

Eating and/or feeding

Going to toilet

Bladder/bowel control

Moving around

For example:

Moving around away from home

Moving around at home

Getting in or out of a bed or chair

Talking with people

For example:

Understanding and/or being understood by friends or family, strangers (including use of sign language/lip reading)

1. Yes

5. No

1 - Go to Q26DIS

5 - Go to Q27DIS

The next questions in the module determine the severity of core limitations (profound, severe, moderate, mild), a person's need for assistance and a person's possible use of aids.

Note that the 2012-13 NATSIHS collected mild severity and use of aids information for non-remote respondents only.

DIS_Q09

[Do/does] [you/(name)] always need help with any of these tasks? [WS7DIS

Show prompt card 26

1. Yes

5. No

1 - Go to DIS_Q11_SG

5 - Go to DIS_Q10

Q26DIS

[WS7DIS

Non-Remote

Do you always need help with any of these tasks?

Remote

Do you always need help doing any of these things?]

Show Green Prompt card K3

1. Yes

5. No

1 - Go to SG2DIS

5 - Go to Q27DIS

SHORT DISABILITY MODULE QUESTIONS: 2012-13 NATSIHS AND 2014-15 NATSISS

DIS_Q10

[Do/Does] [you/(name)] ever have difficulty with any of these tasks?

Show prompt card 26

1. Yes
5. No

All - Go to DIS_Q11_SG

DISQ11_SG

1. If Non-Remote and aged 5 years or over
2. If Remote and aged 5 years or over
3. Otherwise

1 - DIS_Q11

2 - DIS_Q13_SG

3 - End of module

Q27DIS

[WS6DIS, WS7DIS, WS8DIS:

Non-Remote

Because of the condition/conditions you have told me about, do you ever have difficulty with any of these tasks?

Remote

Because of the condition/conditions you have told me about, do you ever have problems doing any of these things?]

Show Green prompt card K3

1. Yes
5. No

1 - Go to SG2DIS

5 - Go to Q28DIS

DIS_Q11 – NON-REMOTE ONLY

Even though (you/(name)) can do these self-care, mobility and communication tasks without difficulty [do/does] [you/he/she] use any aids to assist with these tasks?

1. Yes
5. No

All - DIS_Q12

Q28DIS

[WS9DIS, WS10DIS, WS11DIS:

Non-remote

Even though you can do these self-care, mobility and communication tasks without difficulty do you use any aids to assist with these tasks?

Remote

Even though you can do these things without problems do you use anything to help you do them? (Examples might include a walking stick, wheelchair, hearing aid, or a ramp)]

Show Green prompt card K3

1. Yes
5. No

All - Q29DIS

DIS_Q12 – NON-REMOTE ONLY

Can [you/he/she]:

(Read each response, more than one response is allowed)

1. Easily walk 200 metres
2. Walk up and down stairs without a handrail
3. Easily bend to pick up an object from the floor
4. Use public transport without difficulty, help or supervision

Q29DIS

Can you:

(Read each response, more than one response is allowed)

[WS12DIS:

Non-remote

1. Easily walk 200 metres
2. Walk up and down stairs without a handrail

SHORT DISABILITY MODULE QUESTIONS: 2012-13 NATSIHS AND 2014-15 NATSISS

5. None of the above

All - DIS_Q13_SG

3. Easily bend to pick up an object from the floor
4. Use public transport without difficulty, help or supervision
5. None of the above (*do not read out*)

Remote

1. Easily walk 200 metres
2. Walk up and down stairs without a handrail
3. Easily bend to pick up an object from the floor
5. None of the above (*do not read out*)

All - SG2DIS

DIS_Q13_SG – BOTH NON-REMOTE AND REMOTE

1. If the respondent is aged 5 to 14 years or aged 15 years or over and currently studying
2. Otherwise

1 - DIS_Q14

2 - DIS_Q15_SG

SG2DIS

1. If age >64
2. Else

1 - SGENDDIS

2 - Q36DIS

The final questions in the module determine whether the person has an education or employment restriction.

DIS_14

Is [your/(name's) schooling/study affected (because of the conditions you told me about), in any of the following ways?

More than one response is allowed

1. Not attending school/further study due to condition
2. Need time off school/study
3. Attend special classes/school
4. Other related difficulties
5. None of the above

All - DIS_Q15_SG

DIS_Q15_SG

1. If respondent is aged 0 to 14 years or aged 65 years and over
2. Otherwise

1 - End of module

2 - DIS_Q16

Q36DIS

[WS6DIS, WS13DIS:

Non-remote

Because of the condition/s you have told me about, do you have any difficulties with education such as these?

Remote

Because of the condition/s you have told me about, do you have any problems with schooling such as these?]

Prompt card K4

1. Not attending school/further study due to condition
 2. Need time off school/study
 3. Attend special classes/school
 4. Other related difficulties
-

SHORT DISABILITY MODULE QUESTIONS: 2012-13 NATSIHS AND 2014-15 NATSISS

1. Yes

5. No

All - Q37DIS

DIS_Q16

Because of the [condition/conditions] you have told me about, [do/does] [you/(name)] have any difficulties with employment such as these?

Prompt card 28:

(more than one response is allowed)

1. Can't do some types of jobs
2. Have to lower the number of hours worked
3. Can't find suitable work
4. Need time off work
5. Not able to work at all
6. No difficulties
7. Not currently working

END OF MODULE

Q37DIS

[WS6DIS, WS14DIS:

Non-remote

Because of the condition/s you have told me about, do you have any difficulties with employment such as these?

Remote

Because of the condition/s you have told me about, do you have any problems with work such as these?]

Prompt card K5:

1. Type of job you can do
2. Number of hours you can work
3. Finding suitable work
4. Needing time off work
5. Permanently unable to work due of condition

1. Yes

5. No

END OF MODULE

CENSUS CORE ACTIVITY NEED FOR ASSISTANCE


APPENDIX: CENSUS CORE ACTIVITY NEED FOR ASSISTANCE TOPIC

The following images are from the 2016 Census standard household form and show how questions for the 'Standard Indigenous Question' (SIQ) and 'Core Activity Need for Assistance' topic appeared on the Census paper form.

On the paper form, the SIQ appears on page 2. Questions 20, 21 and 22 of the 'Core Activity Need for Assistance' topic are at the bottom of page 8, and question 23 is at the top of page 10.

<p>7 Is the person of Aboriginal or Torres Strait Islander origin?</p> <ul style="list-style-type: none"> For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes. 	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Aboriginal</p> <p><input type="checkbox"/> Yes, Torres Strait Islander</p>
<p>20 Does the person ever need someone to help with, or be with them for, self care activities?</p> <ul style="list-style-type: none"> For example: doing everyday activities such as eating, showering, dressing or toileting. 	<p><input type="checkbox"/> Yes, always</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> No</p>
<p>21 Does the person ever need someone to help with, or be with them for, body movement activities?</p> <ul style="list-style-type: none"> For example: getting out of bed, moving around at home or at places away from home. 	<p><input type="checkbox"/> Yes, always</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> No</p>
<p>22 Does the person ever need someone to help with, or be with them for, communication activities?</p> <ul style="list-style-type: none"> For example: understanding, or being understood by, others. 	<p><input type="checkbox"/> Yes, always</p> <p><input type="checkbox"/> Yes, sometimes</p> <p><input type="checkbox"/> No</p>

CENSUS CORE ACTIVITY NEED FOR ASSISTANCE

<p>23 What are the reasons for the need for assistance or supervision shown in Questions 20, 21 and 22?</p> <ul style="list-style-type: none">• Mark all applicable reasons.• Remember to mark the box like this: <input type="checkbox"/> <p> Go to census.abs.gov.au for more information.</p>	<ul style="list-style-type: none"><input type="checkbox"/> No need for help or supervision<input type="checkbox"/> Short-term health condition (lasting less than six months)<input type="checkbox"/> Long-term health condition (lasting six months or more)<input type="checkbox"/> Disability (lasting six months or more)<input type="checkbox"/> Old or young age<input type="checkbox"/> Difficulty with English language<input type="checkbox"/> Other cause
--	---

Data output categories for the 'Core Activity Need for Assistance' topic are derived from the relevant Census questions in the following way:

1. Has need for assistance with core activities if:

- The answers to Q20, Q21 or Q22 are 'Yes, always' or 'Yes, sometimes' AND
- The reason is because of a 'Long term health condition', 'Disability' or 'Old or young age' (where the person is over 40 years).

2. Does not have need for assistance with core activities if:

- The answers to Q20, Q21 and Q22 are 'No' OR
- Q20, Q21 and Q22 are 'Yes, always', 'Yes, sometimes' and Q23 has been answered but the answer does not include 'Long term health condition' or 'Disability' OR
- Q20, Q21 and Q22 are 'Yes, always', 'Yes, sometimes' and the reason given is 'Old or young age' where the person is younger than 40 years.

&. Not Stated if:

- At least one of Q20, Q21 and Q22 = not answered AND none of Q20, Q21 and Q22 = {'Yes, always', 'Yes, sometimes'}

IMPACTS OF SAMPLE SIZE ON ESTIMATE VARIABILITY

APPENDIX: IMPACTS OF SAMPLE SIZE ON ESTIMATE VARIABILITY

The smaller a population is in proportion to the total population, the higher the associated errors. Further disaggregation of data for small populations produces even higher errors proportionately. For example:

- In the 2015 SDAC, 23.9% of the total Aboriginal and Torres Strait Islander population had disability (excludes very remote areas and discrete Aboriginal and Torres Strait Islander Communities);
- The same survey shows 7.3% were classified as having a profound or severe limitation. **The 95% confidence interval for this measure is $\pm 1.4\%$.** This means that we can be 95% confident that the actual proportion of people with a profound or severe limitation lies between **5.9%** and **8.7%**;
- Variability of this measure becomes much greater when the sample is limited further. In this example, the sample will be limited to those aged 35-44 years of age;
- In the 2015 SDAC, 5.6% of Aboriginal and Torres Strait Islander people aged 35-44 years had a profound or severe limitation; and
- **The 95% confidence interval on this smaller sample is $\pm 5.1\%$.** This means that we can be 95% confident that the actual proportion of 35-44 year olds with disability, who have profound/severe limitation, lies between **0.5%** and **10.7%**.

Understanding small samples and their associated errors is particularly important when looking at smaller population groups. For further information on the potential effects of sample survey methodology see [‘Understanding Statistics’](#) on the ABS website.

FOR MORE INFORMATION . . .

www.abs.gov.au the ABS website is the best place for data from our publications and information about the ABS.

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